PAGE 1 / 15

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | | | | | | | | Office Use Only | |
|------------------|---|------------------|---------------------------------------|------------------|--------------------------------|---------------------|----------------|-------------------|---|
| 1. NAME COMMI | OF ITTEE (in full) | TYPE OR F | PRINT ▼ | | mple: If typir r the lines. | ng, type | 12FE4M | 15 | |
| Tri-State | e Maxed-Out V | Vomen | | | 1 1 1 1 | | 1 1 1 1 | | |
| | | | | 1 1 1 | | | | | |
| ADDDEOG / | | 1050 17th | n St NW | | | | | 1 1 1 1 1 | |
| ADDRESS (| (number and street) | Suite 590 | | | | | | | |
| tha | eck if different an previously ported. (ACC) | Washing | ton | | | | DC | 20036 |]-[|
| 2. FEC ID | ENTIFICATION N | UMBER ▼ | CI7 | ΓΥ 🛦 | | (| STATE A | ZIP C | ODE A |
| С | C00488387 | | | S THIS REPORT | | NEW N) OR | AM (A | MENDED) | |
| 4. TYPE (Choose | OF REPORT e One) | (b) Mon Rep | , , , | 20 (M2) | | May 20 (M5) | Aug | 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| (a) Qu | arterly Reports: | Buo | Mar | 20 (M3) | | Jun 20 (M6) | Sep | 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| П | April 15 | O4) | Apr | 20 (M4) | | Jul 20 (M7) | Oct | 20 (M10) | Jan 31 (YE) |
| ō | Quarterly Report (July 15 Quarterly Report (| (C) | 12-Day PRE-Election Report for the: | | Primary (12P | | 4 | | Runoff (12R) |
| | October 15 Quarterly Report (| Q3) | neport for the. | ш | Convention (| 120) | Special | (123) | |
| | January 31 Year-End Report (| YE) | Election | on on | 1 <u>1</u> | 08 | 2016 | in the State | |
| | July 31 Mid-Year Report (Non-election Year Only) (MY) | on (d) | 30-Day POST-Election Report for the: | | General (300 | ā) | Runoff (| 30R) | Special (30S) |
| | Termination Report (TER) | t | Election the: | on on | M - M / | D = D / | Y " Y " Y " Y | in the State | |
| 5. Coverin | g Period 1 | 0 01 | 2016 | Y | through | 10 | 19 | 2016 | |
| • | I have examined that Name of Treasure | Dickstein | nd to the best of Sudolsky, Marcia | | wledge and b | pelief it is tru | e, correct an | d complete. | |
| Signature of | Treasurer Dick | kstein Sudolsky, | Marcia, , , | | [Electronically | v Filed] | ate 10 | 26 | 2016 |
| NOTE: Subm | nission of false, error | neous, or inco | omplete informatio | n may su | bject the pers | son signing th | is Report to t | he penalties of 5 | 52 U.S.C. § 30109. |
| ı lu | ffice Jse Only | | | | | | | FEC FO Rev. 05 | |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Tri-State Maxed-Out Women 10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38938.65 January 1, 2016 (b) Cash on Hand at 51973.60 Beginning of Reporting Period..... 16500.00 129011.35 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 167950.00 68473.60 6(a) and 6(c) for Column B)..... 9805.87 109282.27 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 58667.73 58667.73 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Tri-State Maxed-Out Women

| eport Covering the Period: From: 10 | 01 2016 To | : 10 19 2016 | | | | |
|--|-------------------------------|-----------------------------------|--|--|--|--|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
| Contributions (other than loans) From: | | | | | | |
| (a) Individuals/Persons Other | | | | | | |
| Than Political Committees | 16500.00 | 402000.00 | | | | |
| (i) Itemized (use Schedule A) | 16300.00 | 123800.00 | | | | |
| (ii) Heitaniani | 0.00 | 200.00 | | | | |
| (ii) Unitemized | 0.00 | 200.00 | | | | |
| (iii) TOTAL (add | 16500.00 | 124000.00 | | | | |
| Lines 11(a)(i) and (ii)▶ | 10300.00 | | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | | | |
| (b) Political Party Committees | 4 4 | | | | | |
| (such as PACs) | 0.00 | 5000.00 | | | | |
| (d) Total Contributions (add Lines | 492 492 482 | 4 4 | | | | |
| 11(a)(iii), (b), and (c)) (Carry | | | | | | |
| Totals to Line 33, page 5)▶ | 16500.00 | 129000.00 | | | | |
| Transfers From Affiliated/Other | 4 4 4 | 4 4 | | | | |
| Party Committees | 0.00 | 0.00 | | | | |
| , | 45 45 | 4 4 | | | | |
| All Loans Received | 0.00 | 0.00 | | | | |
| | 4 4 | 4 4 | | | | |
| Loan Repayments Received | 0.00 | 0.00 | | | | |
| Offsets To Operating Expenditures | 79. 79. 75. | 7 7 | | | | |
| (Refunds, Rebates, etc.) | | | | | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 | | | | |
| Refunds of Contributions Made | 4 4 | 4 4 | | | | |
| to Federal Candidates and Other | | | | | | |
| Political Committees | 0.00 | 0.00 | | | | |
| Other Federal Receipts | 4 4 | 4 4 | | | | |
| (Dividends, Interest, etc.) | 0.00 | 11.35 | | | | |
| Transfers from Non-Federal and Levin Funds | 4 4 | 4 4 | | | | |
| (a) Non-Federal Account | | | | | | |
| (from Schedule H3) | 0.00 | 0.00 | | | | |
| = | | | | | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | | | |
| (3) | 45 45 45 | 4 1 4 | | | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | | |
| | 75 75 | 4 4 | | | | |
| | | | | | | |
| Total Receipts (add Lines 11(d), | | | | | | |
| 12, 13, 14, 15, 16, 17, and 18(c)) | 16500.00 | 129011.35 | | | | |
| | 4 4 | 4 4 | | | | |
| Total Federal Receipts | | | | | | |
| (subtract Line 18(c) from Line 19) | 16500.00 | 129011.35 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | |
|---|-------------------------------|--------------------------------|--|--|--|
| Operating Expenditures: Allocated Federal/Non-Federal Additional Control of the Contro | | | | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 | | | |
| (i) I ederal Share | 4 4 4 | 1 1 1 1 1 1 1 1 | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | |
| (b) Other Federal Operating Expenditures | 2305.87 | 33282.27 | | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2305.87 | 33282.27 | | | |
| Transfers to Affiliated/Other Party | 2303.07 | 00202.27 | | | |
| Committees | 0.00 | 0.00 | | | |
| Federal Candidates/Committees and Other Political Committees | 7500.00 | 76000.00 | | | |
| Independent Expenditures | 0.00 | | | | |
| (use Schedule E) | 0.00 | 0.00 | | | |
| (use Schedule F) | 0.00 | 0.00 | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | | |
| (c) Other Political Committees | 4 4 4 | 4 4 | | | |
| (such as PACs)(d) Total Contribution Refunds | 0.00 | 0.00 | | | |
| (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | | | |
| Other Disbursements (Including | | | | | |
| Non-Federal Donations) | 0.00 | 0.00 | | | |
| Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) |) | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 2.00 | 0.00 | | | |
| (c) Total Federal Election Activity (add | 0.00 | 0.00 | | | |
| Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 | | | |
| Total Disbursements (add Lines 21(c), 22, | | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 9805.87 | 109282.27 | | | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | | |
| from Line 31) | 9805.87 | 109282.27 | | | |
| · L | 5555.57 | 109202.27 | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | | | | | |
|---|----------|-----------|--|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 16500.00 | 129000.00 | | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16500.00 | 129000.00 | | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 2305.87 | 33282.27 | | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 2305.87 | 33282.27 | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 Use separate schedule(s) (check only one) **X** 11a 11b 11c

15

OF

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Amdur, Shirley, , , Date of Receipt Mailing Address 983 Park Avenue 2016 12 City Zip Code State Transaction ID: SA11AI.5916 NY New York 10028 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) No Employer No Occupation Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Atiya, Monica, , , Date of Receipt Mailing Address 244 E. 86th St 10 2016 City State Zip Code Transaction ID: SA11AI.5921 NY New York 10028 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Scholar Chips Contribution Partner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cotton, Betty, , , Date of Receipt Mailing Address 930 5th Avenue 10 17 2016 City Zip Code State Transaction ID: SA11AI.5942 NY New York 10021 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Contribution Self Employed NFP Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 4500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE

| | 1 01 | LLIIVE | 140 | IVIDEI | 17101 | - | • | 01 | | _ |
|--|------|---------|-----|--------|-------|---|----|----|---|---|
| Use separate schedule(s) | (che | ck only | or | ıe) | | | | | | |
| for each category of the Detailed Summary Page | × | 11a | | 11b | 11c | | 12 | | | |
| | | 13 | | 14 | 15 | | 16 | | 1 | 7 |
| | | | | | | | | | | |

15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Drew, Cynthia, , , Date of Receipt Mailing Address 119 E. 84th Street 2016 8D City State Zip Code Transaction ID: SA11AI.5943 NY New York 10028 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NYSE Euronext Finance Director Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fogg, Diane, , , Date of Receipt Mailing Address 1185 Park Avenue 10 2016 City State Zip Code Transaction ID: SA11AI.5918 New York NY 10128 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) No Employer Contribution Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00

| | , | , | | | | | | |
|--|-------------|--------------------------|--|--|--|--|--|--|
| Full Name of Individual (Last, First, Middle In Gernat, Kathi, , , | | | | | | | | |
| Mailing Address 155 E 93rd St Apt 5D City | State | Zip Code | 10 12 2016 | | | | | |
| New York | NY | 10128 | Transaction ID : SA11AI.5923 Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | | 1000.00 | | | | | |
| Name of Employer (for Individual) | Occup | ation (for Individual) | Memo Item | | | | | |
| Self | Interio | r Designer | Contribution | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Y | ear-to-Date ▼ 1000.00 | | | | | | |
| NIDTOTAL of Descints This Daws (autional) | | | 3000.00 | | | | | |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | | PAGE | | 8 | OF | | 15 |
|------------------|------------------|-----|--|-----|--|------|--|----|----|--|----|
| | (check only one) | | | | | | | | | | |
| | × | 11a | | 11b | | 11c | | 12 | 2 | | |
| | | 13 | | 14 | | 15 | | 16 | 6 | | 17 |

| | Statements may not be sold or used by any pene name and address of any political committee | |
|--|---|--|
| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | |
| Full Name of Individual (Last, First, Middle In Hess, Anne, , , Mailing Address 214 East 18th Street City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify) | State Zip Code NY 10003 C Occupation (for Individual) Consultant Aggregate Year-to-Date 2000.00 | Date of Receipt 10 12 2016 Transaction ID: SA11AI.5919 Amount of Each Receipt this Period 1000.00 Memo Item Contribution |
| Full Name of Individual (Last, First, Middle In Jaffe, Suzanne, , , Mailing Address 784 Park Avenue #5A City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) SDJ Associates Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle Individual) | State Zip Code NY 10021 C Occupation (for Individual) Consultant Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt 10 12 2016 Transaction ID: SA11AL5914 Amount of Each Receipt this Period 1000.00 Memo Item Contribution |
| Full Name of Individual (Last, First, Middle In Kovner, Sarah, , , Mailing Address 27 West 67th Street City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) N / A Receipt For: Primary General Other (specify) | State Zip Code 10023 C Occupation (for Individual) Retired Aggregate Year-to-Date 2000.00 | Date of Receipt 10 17 2016 Transaction ID: SA11AI.5941 Amount of Each Receipt this Period 1000.00 Memo Item Contribution |
| SUBTOTAL of Receipts This Page (optional) | | 3000.00 |
| TOTAL This Period (last page this line number | r only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

15

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lowenstein, Barbara, , , Date of Receipt Mailing Address 1025 5th Ave 2016 12 City Zip Code State Transaction ID: SA11AI.5917 NY New York 10028 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Lowenstein Associates Literary Agent Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martone, Patricia, , , Date of Receipt Mailing Address 320 Central Park West 10 2016 City State Zip Code Transaction ID: SA11AI.5920 NY New York 10583 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Law Office of Patricia Martone Contribution Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Newhouse, Nancy, , , Date of Receipt Mailing Address 998 5th Avenue 10 14 2016 City Zip Code State Transaction ID: SA11AI.5930 NY New York 10028 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Contribution Self employed Author, Lecturer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

15 FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Quint, Barbara, , , Date of Receipt Mailing Address 167 State St 2016 14 City Zip Code State Transaction ID: SA11AI.5925 NY 11201 Brooklyn Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired N/A Contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Silberstein, Edith, , , Date of Receipt Mailing Address 10 Old Jackson Ave 10 2016 Apt 81 City State Zip Code Transaction ID: SA11AI.5927 NY Hastings 10706 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) N/E Contribution Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Telsey, Aimee, , , Date of Receipt Mailing Address 601 W. 103th Street 10 12 2016 City State Zip Code Transaction ID: SA11AI.5915 NY New York 10055 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Contribution Mt. Sinai/Beth Israel Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| F | FOR LINE NUMBER: [| | | | | | : ′ | 11 | OF | | 15 |
|----|--------------------|-----|--|-----|--|-----|-----|----|----|--|----|
| (0 | (check only one) | | | | | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | | |
| | | 13 | | 14 | | 15 | | 16 | ; | | 17 |

| | Statements may not be sold or used by any pe le name and address of any political committee | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | |
| Full Name of Individual (Last, First, Middle In Yerman, Ann, , , , Mailing Address 31 Sheridan Road City Scarsdale FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify) | Date of Receipt 10 12 2016 Transaction ID: SA11AI.5922 Amount of Each Receipt this Period 1000.00 Memo Item Contribution | |
| Full Name of Individual (Last, First, Middle Ir 3. Mailing Address City | Date of Receipt | |
| FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General | C Occupation (for Individual) Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period Memo Item |
| Full Name of Individual (Last, First, Middle Ir Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General | onitial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item |
| Other (specify) SUBTOTAL of Receipts This Page (optional) | | 1000.00 |
| TOTAL This Period (last page this line number | | 16500.00 |

| SCHEDULE B (FEC Form 3X) | I llog congrete cohodulo(o) I | | | | | NE NUMBER: PAGE 12 OF 15 only one) | | | | | | | | 15 | - |
|---|-------------------------------|-----------------|------------|-----------|----------|--|--------|---------|--------------|-------|----------------|--------|----------|------|---|
| TEMIZED DISBURSEMENTS | for each of | category of the | (Сі | | 21b | 22 | 2 [| 23 | 3 | | 26 | 2 | 7 | | |
| | Detailed | Summary Page | | | 28a | 28 | 3b | 28 | Вс | | 29 | 3 | 0b | | |
| Any information copied from such Reports and Staten or for commercial purposes, other than using the name | | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Dot | of F | Disbu | * 00. | m o n | | | | | |
| A. American Express | | | | | | Dale | OI L | | ı sei | | | Y | V | | |
| Mailing Address PO Box 360001 | | | | | | 10 03 2016 | | | | | | | | | |
| City | State | Zip Code | | | | FFC | Ider | ntifica | tion | Nu | mber | | | | |
| Fort Lauderdale | FL | 33336-0001 | | | | | | | | | | _ | - | | |
| Purpose of Disbursement Merchant Fee | | | _ | _ | 71 | C | | | | | | | | | |
| Candidate Name | | | | _ | | | | | | | SB21E | | | | |
| Candidate Name | | | Cate | gor pe | y/ | Amo | ount o | of Ea | ch I | Disb | ursem | ent th | is Pe | riod | |
| Office Sought: House Disburser | nent For: | | ., | ро | | Т. | | | | | | | 7.95 | | |
| Senate | Primary | General | | | | | | 7 | _ | | 7 | | -40- | _ | |
| President | Other (spec | cify) ▼ | | | | П | Mem | o Ite | m | | | | | | |
| State: District: | | | | | - | _ | | | | | | | | | - |
| Full Name (Last, First, Middle Initial) 3. American Express | | | | | | Date | of [| Disbu | rear | mani | t | | | | |
| 3. American Express | | | | | | M | M | | 0 | | | Y | V V | - | |
| Mailing Address PO Box 360001 | | 1 | 0 | / L | 05 | | / L | 201 | | | | | | | |
| City | State | Zip Code | | | | FEC | lder | ntifica | tion | Nu | mber | | | | |
| Fort Lauderdale | FL | 33336-0001 | | | | | | | | - | | - | - | | |
| Purpose of Disbursement Merchant Fee | | | | | | C | | | | | | | | | |
| Candidate Name | | l | <u> </u> | | - | Transaction ID : SB21B.5976 Amount of Each Disbursement this Per | | | | | | | ad a lad | | |
| | | | Cate Ty | gor pe | y/ | Amo | ount c | or Ea | Cn i | טפוע | ursem | ent tr | iis Pe | riod | |
| Office Sought: House Disbursen | ment For: | l | | <u> </u> | | Ι. | | _ | | | | _ 7 | 72.70 | . | |
| Senate | Primary | General | | | | | | , | | | | | | | |
| | Other (spec | eify) | | | | П | Mem | o Ite | m | | | | | | |
| State: District: | | | | | - | _ | | | | | | | | | - |
| Full Name (Last, First, Middle Initial) Chase Paymentech | | | | | | Date | e of [| Disbu | rsei | men' | ł | | | | |
| Orlase i aymenteen | | | | | | M | | _ | D | | | Υ | Y Y | - | |
| Mailing Address PO Box 659754 | | | | | | 1 | 0 | L | 03 | 3 | L | 2016 | | | |
| City | State | Zip Code | | | | FEC | Ider | ntifica | tion | Nu | mber | | | | |
| San Antonio Purpose of Disbursement | TX | 78265-8632 | | | | | - | - | ÷ | — | - | - | 7 | | |
| Merchant Fee | | | | | | C | | | _ | | | | | | |
| Candidate Name Category/ Type | | | | | | | | | | | SB21I ursem | | - | riod | |
| Office Sought: House Disburser | nent For: | | ., | 1-7 | \dashv | | - | - | - | - | _ : | | 95.81 | | |
| Senate | Primary | General | | | | | | 7 | | | 7 | _ | | _ | |
| President | Other (spec | | Memo Item | | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | • | | Ξ | | Ξ | _ | 7 | 1 | 76.46 | | |
| TOTAL This Period (last page this line number only) | | | | | _ | | | | | | | | | | |

| SCHEDULE B (FEC Form 3X) | Use sepa | arate schedule(s) | 1 - | E NUMBER: PAGE 13 OF 15 | | | | | | |
|--|-------------------------------------|---------------------------------|-------------------|----------------------------------|--------------------------|---------|--------|--|--|--|
| TEMIZED DISBURSEMENTS | for each | category of the Summary Page | (check only 21b | 22 | 23 26 | 27 | | | | |
| | Detailed | Summary Fage | 28a | 28b | 28c 29 | 30b | | | | |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | occ or any pomica | | | satione noin ea | | | | | |
| Full Name (Last, First, Middle Initial) Dickstein Sudolsky, Marcia, , , Mailing Address 131 East 93rd St Ste 1CD | | | | Date of Disbursement 10 06 2016 | | | | | | |
| | | T | | | | 2010 | | | | |
| , | State NY | Zip Code 10128 | | FEC Identi | ification Numbe | r | | | | |
| Purpose of Disbursement PAC Administrative Services Candidate Name | | | | | action ID : SB2 | | | | | |
| Office Sought: House Disbursen | nent For: | | Category/ Type | Amount of | Each Disburse | 1000.00 | iod | | | |
| | Primary Other (spec | General cify) ▼ | | Memo | Item | -40 | | | | |
| Full Name (Last, First, Middle Initial) Kato, Kazuko, , , Mailing Address 445 Park Avenue, 9th Floor | | Date of Di | sbursement | Y Y Y Y Y Y 2016 | 1 | | | | | |
| | State | Zip Code | | | | | | | | |
| - | NY | 10022 | | FEC Identification Number | | | | | | |
| Candidate Name | | | Category/ Type | | 1B.5985 ment this Per | iod | | | | |
| | nent For: Primary Other (spec | General | | Memo | Item | 250.00 | | | | |
| Full Name (Last, First, Middle Initial) - Political Compliance Management | Services | s, LLC | | Date of Di | sbursement | | | | | |
| Mailing Address 1050 17th St NW Ste 590 | | | | 10 | 17 | 2016 | | | | |
| City Washington Purpose of Disbursement PAC Accounting Services | State DC | Zip Code 20036 | | С | ification Numbe | | | | | |
| Candidate Name | Category/ Type | | Each Disburse | | iod | | | | | |
| | nent For: Primary Other (spec | General Cify) ▼ | | Memo | Item | 604.41 | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | T T | 1854.41 | | | | |
| TOTAL This Period (last page this line number only) | | | | | | | \Box | | | |

S 17

| SCHEDULE B (FEC Form 3X) | Ţ., | | FOR LI | FOR LINE NUMBER: PAGE 14 OF 1 | | | | 15 | | |
|---|--|---|--|-------------------------------|---|---|-----------|----|--|--|
| ITEMIZED DISBURSEMENTS | | Use separate schedule(s) for each category of the | | only one) | | | | | | |
| | | Summary Page | | 1b 22 8a 28b | 23 28c | 26 29 | 27 30b | | | |
| Any information copied from such Reports and State | mente mou | not be sold or use | | | | | | ne | | |
| or for commercial purposes, other than using the na | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Data | of Diaburas | mont | | | | |
| A. Stanton, James, , , | | | | | Date of Disbursement | | | | | |
| Mailing Address 235 East 22nd Street #15HI | | | | 10 | | 9 | 2016 | | | |
| City New York | State NY | Zip Code 10010 | | FEC I | dentification | n Number | | | | |
| Purpose of Disbursement | | 100.0 | | C | C | | | | | |
| PAC Graphic Design Services | | | | | Transaction ID : SB21B.5984 | | | | | |
| Candidate Name | Name Category/ | | | | | Amount of Each Disbursement this Period | | | | |
| Office Sought: House Disburse | ice Sought: House Disbursement For: Senate Primary General | | | - [| | | 250.00 | | | |
| | | | | | | | | | | |
| State: District: | Other (sp | ecify) ▼ | | M | Memo Item | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| В. | | | | Date of | of Disburse | ement | | | | |
| Mailing Address | | M = M / D = D / Y = Y = Y | | | | | | | | |
| Mailing Address | | | | | | | | _ | | |
| City | State | Zip Code | | FEC I | FEC Identification Number | | | | | |
| Purpose of Disbursement | | | | C | | | | | | |
| Condidate Name | | | | | | | | | | |
| Candidate Name Category/ | | | | | Amount of Each Disbursement this Period | | | | | |
| Office Sought: House Disburse | ement For: | | · ypc | ⊣ [] | | | | | | |
| Senate | Primary | General | | | | | | | | |
| President State: District: | Other (sp | есіту) | | M | Memo Item | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| C. | | | | Date of | of Disburse | | | | | |
| Mailing Address | | | | M = N | / D | D / Y | YYYY | | | |
| City | State | Zip Code | | FEC I | dentification | n Number | | | | |
| Purpose of Disbursement | | | | | C | | | | | |
| | | | | | | | | | | |
| Candidate Name Category/ | | | | | Amount of Each Disbursement this Period | | | | | |
| Office Sought: House Disbursement For: | | | | | | | | | | |
| Senate President | Primary Other (sp | General | | | | | | | | |
| State: District: | J Carlot (Sp | ••••••••••••••••••••••••••••••••••••• | | M | emo Item | | | | | |
| | | | | | | | 250.00 | _ | | |
| SUBTOTAL of Disbursements This Page (optional). | | | ······•••••••••••••••••••••••••••••••• | <u> </u> | - | 7 | 250.00 | 닏 | | |
| TOTAL This Period (last page this line number only | v) | | | | _ | | 2280.87 | | | |

ľ

| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 15 OF 15 | | | | |
|---|--|-------------------|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | RSEMENTS Use separate schedule(s) (check | | ck only one) | | | | |
| | Detailed Summary Page | 21b 28a | 22 x 23 26 27 28b 28c 29 30b | | | | |
| Any information copied from such Reports and Staten | nents may not be sold or use | | | | | | |
| or for commercial purposes, other than using the name | ne and address of any politic | al committee to | o solicit contributions from such committee. | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishamanana | | | | |
| A. KATIE MCGINTY FOR SENATE | Date of Disbursement | | | | | | |
| Mailing Address PO BOX 22447 | 10 17 2016 | | | | | | |
| City | State Zip Code | | FEC Identification Number | | | | |
| PHILADELPHIA | PA 19110 | | | | | | |
| Purpose of Disbursement Contribution | C C00582809 Transaction ID : SB23.5944 | | | | | | |
| Candidate Name | | Category/ | Amount of Each Disbursement this Period | | | | |
| MCGINTY, KATHLEEN ALANA, , , Office Sought: House Disbursen | nent For: 2016 | Туре | 5000.00 | | | | |
| office Sought: House Disbursen | | 3000.00 | | | | | |
| President State: PA District: 00 | Primary | | Memo Item | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| MONICA VERNON FOR CONGRE | SS | | Date of Disbursement | | | | |
| | M M / D D / Y Y Y Y | | | | | | |
| Mailing Address 326 23RD STREET DRIVE SE | | | 10 07 2016 | | | | |
| , | State Zip Code | | FEC Identification Number | | | | |
| CEDAR RAPIDS Purpose of Disbursement | IA 52403 | | | | | | |
| Contribution | C C00545574 | | | | | | |
| Candidate Name | | Category/ | Transaction ID: SB23.5949 Amount of Each Disbursement this Period | | | | |
| VERNON, MONICA W, , , | | Type | Amount of Each Dispursement this Fellou | | | | |
| | nent For: 2016 | | 2500.00 | | | | |
| | Primary General | | | | | | |
| | Other (specify) | | Memo Item | | | | |
| State: IA District: 01 Full Name (Last, First, Middle Initial) | | | | | | | |
| 2 . | | | Date of Disbursement | | | | |
| Mailing Address | | | M M / D D / Y Y Y Y | | | | |
| City | State Zip Code | | FEC Identification Number | | | | |
| Purpose of Disbursement | C | | | | | | |
| Candidate Name | | Category/ Type | Amount of Each Disbursement this Period | | | | |
| Office Sought: House Disbursen | nent For: | 1,750 | | | | | |
| Senate | Primary General | 7 7 | | | | | |
| President | Other (specify) ▼ | | Memo Item | | | | |
| State: District: | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 7500.00 | | | | |
| J (P / | | | | | | | |
| TOTAL This Period (last page this line number only) | | | 7500.00 | | | | |