

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMENCOUNT PAC

ADDRESS (number and street)

393 7TH AVENUE, SUITE 301

Check if different
than previously
reported. (ACC)

SAN FRANCISCO

CA

94118

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450098

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2018

through

M M M / D D D / Y Y Y Y Y Y
06 30 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

MASON, STACY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

MASON, STACY, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 18 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2018</div>		<div>27727.46</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>16991.31</div>	
(c) Total Receipts (from Line 19)	<div>0.00</div>	<div>206806.60</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>16991.31</div>	<div>234534.06</div>
7. Total Disbursements (from Line 31).....	<div>9526.97</div>	<div>227069.72</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>7464.34</div>	<div>7464.34</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>18337.25</div>	



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)

Page 3

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	198807.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	198807.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7999.40
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	206806.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	206806.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	206806.60

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	9526.97	27079.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9526.97	27079.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	196787.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3202.90
30. 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	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9526.97	227069.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9526.97	227069.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	206806.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	206806.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	9526.97	27079.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	9526.97	27079.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCOState
CAZip Code
94128Purpose of Disbursement
ACCOUNT FEE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19279

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATAMailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000City
ATLANTAState
GAZip Code
30342Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19278

Amount of Each Disbursement this Period

20.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VIEW AVENUE GROUP

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19280

Amount of Each Disbursement this Period

2348.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2394.32

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. VIEW AVENUE GROUP

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19282

Amount of Each Disbursement this Period

1132.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VIEW AVENUE GROUP

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19284

Amount of Each Disbursement this Period

963.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City
SAN FRANCISCOState
CAZip Code
94163Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19291

Amount of Each Disbursement this Period

36.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2132.65

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. LIBERTY CONCEPTS

Mailing Address 119 BRAINTREE ST., #100

City
ALLSTONState
MAZip Code
02134Purpose of Disbursement
WEB DEVELOPMENT

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : EXPB19289

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

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

9526.97

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HANSON BRIDGETT LLP

Nature of Debt (Purpose):

LEGAL AND COMPLIANCE

Mailing Address 425 MARKET STREET, 26TH FLOOR

City
SAN FRANCISCOState
CAZip Code
94105

Outstanding Balance Beginning This Period

1305.00

Transaction ID : PAYD3367

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LIBERTY CONCEPTS

Nature of Debt (Purpose):

WEB DEVELOPMENT

Mailing Address 119 BRAINTREE ST., #100

City
ALLSTONState
MAZip Code
02134

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD19288

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUP

Nature of Debt (Purpose):

COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

2348.33

Transaction ID : PAYD13599

Amount Incurred This Period

0.00

Payment This Period

2348.33

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6305.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1132.50

Transaction ID : **PAYD13600**

Amount Incurred This Period

0.00

Payment This Period

1132.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

963.75

Transaction ID : **PAYD13601**

Amount Incurred This Period

0.00

Payment This Period

963.75

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

851.25

Transaction ID : **PAYD14704**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

851.25

1) **SUBTOTALS** This Period This Page (optional)..... ►

851.25

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SD10

Transaction ID : PAYD14704

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

2467.50

Transaction ID : PAYD16656

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2467.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

2077.50

Transaction ID : PAYD16657

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2077.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1170.50

Transaction ID : PAYD17762

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1170.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

5715.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1665.50

Transaction ID : PAYD19271

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1665.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1440.50

Transaction ID : PAYD19286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1440.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUPNature of Debt (Purpose):
COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

1414.00

Transaction ID : PAYD19287

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1414.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

4520.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUP

Nature of Debt (Purpose):

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD19292

Amount Incurred This Period

375.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

375.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

VIEW AVENUE GROUP

Nature of Debt (Purpose):

COMPLIANCE SERVICES

Mailing Address 393 7TH AVENUE, SUITE 301

City
SAN FRANCISCOState
CAZip Code
94118

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD19295

Amount Incurred This Period

570.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

570.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

945.50

2) **TOTALS** This Period (last page this line number only)..... ►

18337.25

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

18337.25