

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**

Tri-State Maxed-Out Women

ADDRESS (number and street) **PO Box 65322**

Check if different than previously reported. (ACC) **Washington DC 20035**

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

C C00488387 3. IS THIS REPORT **NEW (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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

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

Election on / / in the State of

5. Covering Period / / **01 01 2024** through / / **01 31 2024**

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

Type or Print Name of Treasurer **Dickstein Sudolsky, Marcia, , ,**

Signature of Treasurer **Dickstein Sudolsky, Marcia, , ,** Date / / **02 20 2024**

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2024 | | 59886.40 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 59886.40 | |
| (c) Total Receipts (from Line 19) | 153015.25 | 153015.25 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 212901.65 | 212901.65 |
| 7. Total Disbursements (from Line 31)..... | 51045.64 | 51045.64 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 161856.01 | 161856.01 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

| 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)..... | 133815.00 | 133815.00 |
| (ii) Unitemized | 200.00 | 200.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 134015.00 | 134015.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 134015.00 | 134015.00 |
| 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.)..... | 19000.25 | 19000.25 |
| 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)).....▶ | 153015.25 | 153015.25 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 153015.25 | 153015.25 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 24210.11 | 24210.11 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 24210.11 | 24210.11 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 8500.00 | 8500.00 |
| 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 | 1000.00 | 1000.00 |
| (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))..... | 1000.00 | 1000.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 17335.53 | 17335.53 |
| 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)) .. | 51045.64 | 51045.64 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 51045.64 | 51045.64 |

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) | 134015.00 | 134015.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 1000.00 | 1000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 133015.00 | 133015.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 24210.11 | 24210.11 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 24210.11 | 24210.11 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Adelson, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 N Moore St
 City New York State NY Zip Code 10013-2460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 05 / 2024**
Transaction ID : 4796762
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 08 / 2024**
Transaction ID : 4796762E
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Adelson, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 N Moore St Apt 14
 City New York State NY Zip Code 10013-2460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 03 / 2024**
Transaction ID : 4796761
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10000.00 |
| 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: (check only one) | PAGE 7 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2024

Transaction ID : 4796761E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Alaimo, Charles, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 Argyle Rd

| | | |
|---------------------|-------------|------------------------|
| City Garden City | State NY | Zip Code 11530-3815 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Group One Trading | Occupation (for Individual) Managing Director |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2024

Transaction ID : 4796780

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2024

Transaction ID : 4796780E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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: (check only one) | PAGE 8 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Baum, Judy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Woodland Rd
 City Glen Head State NY Zip Code 11545-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 12 / 2024
Transaction ID : 4796774
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 16 / 2024
Transaction ID : 4796774E
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Beers, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3630 Gardens Pkwy
 City Palm Beach Gardens State FL Zip Code 33410-2779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2024
Transaction ID : 4796785
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5500.00 |
| 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: (check only one) | PAGE 9 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|---|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 113815.00 |

Date of Receipt
MM / DD / YYYY
01 / 22 / 2024

Transaction ID : 4796785E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Beidl, Gretchen, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 Minor Bridge Rd

| | | |
|-----------------|-------------|------------------------|
| City Roxbury | State CT | Zip Code 06783-2019 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 |

Date of Receipt
MM / DD / YYYY
01 / 26 / 2024

Transaction ID : 4796792

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|---|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 113815.00 |

Date of Receipt
MM / DD / YYYY
01 / 29 / 2024

Transaction ID : 4796792E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1200.00 |
| 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: (check only one) | PAGE 10 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Berenson, Ellen, , , | | | Date of Receipt MM / DD / YYYY 01 / 05 / 2024 Transaction ID : 4796763 | | |
| Mailing Address 233 E 48Th St | | | Amount of Each Receipt this Period 5000.00 | | |
| City New York | State NY | Zip Code 10017-1538 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | * Earmarked Contribution: See Below | | |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Antique Dealer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 5000.00 | | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ACTBLUE | | | Date of Receipt MM / DD / YYYY 01 / 08 / 2024 Transaction ID : 4796763E | | |
| Mailing Address PO Box 441146 | | | Amount of Each Receipt this Period 5000.00 | | |
| City West Somerville | State MA | Zip Code 02144-0031 | <input checked="" type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C C00401224 | | | Note: Above Contribution earmarked through this organization. | | |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Conduit total listed in Agg. field | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 113815.00 | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bren, Christine, , , | | | Date of Receipt MM / DD / YYYY 01 / 28 / 2024 Transaction ID : 4796800 | | |
| Mailing Address 81 Neck Path | | | Amount of Each Receipt this Period 1200.00 | | |
| City East Hampton | State NY | Zip Code 11937-1622 | <input type="checkbox"/> Memo Item | | |
| FEC ID number of contributing federal political committee. C | | | * Earmarked Contribution: See Below | | |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Psychologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 1200.00 | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6200.00 |
| 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: (check only one) | PAGE 11 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2024

Transaction ID : 4796800E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Cohn, Joan And Peter, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 W 66Th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10023-6206 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Self Employed |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2024

Transaction ID : 4796815

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2024

Transaction ID : 4796815E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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: (check only one) | PAGE 12 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Cortes, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 E 84Th St
 City New York State NY Zip Code 10028-7301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **01 / 26 / 2024**
Transaction ID : 4796795
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 29 / 2024**
Transaction ID : 4796795E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Cotton, Betty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 The Crossings
 City Purchase State NY Zip Code 10577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 25 / 2024**
Transaction ID : 4806242
 Amount of Each Receipt this Period 5000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6200.00 |
| 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: (check only one) | PAGE 13 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Crown, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Park Ave
 City New York State NY Zip Code 10028-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **01 / 14 / 2024**
Transaction ID : 4796776
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 16 / 2024**
Transaction ID : 4796776E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Falk, Bobbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9745 E Honey Mesquite Dr
 City Scottsdale State AZ Zip Code 85262-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 09 / 2024**
Transaction ID : 4796768
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6200.00 |
| 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: (check only one) | PAGE 14 OF 57 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2024

Transaction ID : 4796768E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Fine, Jo, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7180 Queenferry Cir

| | | |
|--------------------|-------------|------------------------|
| City Boca Raton | State FL | Zip Code 33496-5950 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 19 / 2024

Transaction ID : 4796784

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2024

Transaction ID : 4796784E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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: (check only one) | PAGE 15 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Finney, Louise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 A 6Th Ave
 City Brooklyn State NY Zip Code 11215-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2024
Transaction ID : 4796786
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024
Transaction ID : 4796786E
 Amount of Each Receipt this Period 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Firestone, Tina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 W 24Th St
 City New York State NY Zip Code 10011-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2024
Transaction ID : 4796772
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1700.00 |
| 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: (check only one) | PAGE 16 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 16 / 2024**

Transaction ID : 4796772E

Amount of Each Receipt this Period 1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Friedman, Dana, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 E 56Th St Apt 37H

City New York State NY Zip Code 10022-4339

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Not Employed Not Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **01 / 26 / 2024**

Transaction ID : 4796793

Amount of Each Receipt this Period 1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 29 / 2024**

Transaction ID : 4796793E

Amount of Each Receipt this Period 1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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: (check only one) | PAGE 17 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Furr, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21349 Greenwood Ct
 City Boca Raton State FL Zip Code 33433-7440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2024
Transaction ID : 4806266
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Gilbert-Holmes, Joann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 E 64Th St
 City New York State NY Zip Code 10065-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 31 / 2024
Transaction ID : 4796813
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 31 / 2024
Transaction ID : 4796813E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1700.00 |
| 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: (check only one) | PAGE 18 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Goldberg, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 E 68Th St
 City New York State NY Zip Code 10065-5718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Communications Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2024
Transaction ID : 4806264
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B. Goldberg, Roz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 N Gulfstream Ave Ste 1508
 City Sarasota State FL Zip Code 34236-5599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2024
Transaction ID : 4796794
 Amount of Each Receipt this Period
 1200.00
 Memo Item
 * Earmarked Contribution: See Below

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024
Transaction ID : 4796794E
 Amount of Each Receipt this Period
 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3700.00 |
| 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 19 OF 57
 (check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gucovsky, Marta, , ,

Mailing Address 200 E 69Th St
Apt 42A

City New York State NY Zip Code 10021-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2024

Transaction ID : 4796799

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ACTBLUE

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024

Transaction ID : 4796799E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jaffe, Suzanne, , ,

Mailing Address 784 Park Ave

City New York State NY Zip Code 10021-3553

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) S.D.J. Associates Occupation (for Individual) Consultant

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2024

Transaction ID : 4796789

Amount of Each Receipt this Period
5000.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 6200.00

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: (check only one) | PAGE 20 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2024
Transaction ID : 4796789E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Jaffe, Suzanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 784 Park Ave

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10021-3553 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
S.D.J. Associates Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2024
Transaction ID : 4796810

Amount of Each Receipt this Period
5000.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2024
Transaction ID : 4796810E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| 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: (check only one) | PAGE 21 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Kaftan, Mari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2970 Oakbrooke Ct
 City West Bloomfield State MI Zip Code 48323-3545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2024
Transaction ID : 4806265
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kaftan, Mari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2970 Oakbrooke Ct
 City West Bloomfield State MI Zip Code 48323-3545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 01 / 23 / 2024
Transaction ID : 4796787
 Amount of Each Receipt this Period 15.00
 Memo Item
 * Earmarked Contribution: See Below

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 29 / 2024
Transaction ID : 4796787E
 Amount of Each Receipt this Period 15.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 515.00 |
| 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: (check only one) | PAGE 22 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Lafer, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 5Th Ave # 7B
 City New York State NY Zip Code 10128-0104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 19 / 2024
Transaction ID : 4796783
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 22 / 2024
Transaction ID : 4796783E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Legow, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 W End Ave Apt 10A
 City New York State NY Zip Code 10025-7328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 31 / 2024
Transaction ID : 4796811
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6200.00 |
| 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: (check only one) | PAGE 23 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2024

Transaction ID : 4796811E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Levkoff, Susan, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 N Moore St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10013-5721 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2024

Transaction ID : 4796871

Amount of Each Receipt this Period
5000.00

Memo Item

C. Levy, Ellen, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 E 57Th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10022-3059 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2024

Transaction ID : 4796791

Amount of Each Receipt this Period
2500.00

Memo Item

* Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7500.00 |
| 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: (check only one) | PAGE 24 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024
Transaction ID : 4796791E

Amount of Each Receipt this Period
2500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Levy, Ellen, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 E 57Th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10022-3059 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : 4796814

Amount of Each Receipt this Period
2500.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : 4796814E

Amount of Each Receipt this Period
2500.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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: (check only one) | PAGE 25 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Lowenstein, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15742 Loch Maree Ln
 City Delray Beach State FL Zip Code 33446-3225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lowenstein Asso Occupation (for Individual) Literary Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 16 / 2024
Transaction ID : 4796781
 Amount of Each Receipt this Period 1500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 22 / 2024
Transaction ID : 4796781E
 Amount of Each Receipt this Period 1500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Martone, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Central Park W
 City New York State NY Zip Code 10025-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 07 / 2024
Transaction ID : 4796765
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6500.00 |
| 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: (check only one) | PAGE 26 OF 57 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2024

Transaction ID : 4796765E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. McHale, Judith, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Broadway

| | | |
|----------------------------|-------------|------------------------|
| City Hastings On Hudson | State NY | Zip Code 10706-2906 |
|----------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Cane Investments LLC | Occupation (for Individual) President And CEO |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2024

Transaction ID : 4796775

Amount of Each Receipt this Period
5000.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2024

Transaction ID : 4796775E

Amount of Each Receipt this Period
5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5000.00 |
| 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: (check only one) | PAGE 27 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Newhouse, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 154 W 88Th St
 City New York State NY Zip Code 10024-2441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Author, Lecturer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : 4796881
 Amount of Each Receipt this Period
 1500.00
 Memo Item

B. Pao, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 Church St Unit 4003
 City Nashville State TN Zip Code 37219-3013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : 4796812
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 * Earmarked Contribution: See Below

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : 4796812E
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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: (check only one) | PAGE 28 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Pastor, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 E 88Th St
 Apt 5H
 City New York State NY Zip Code 10128-0561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 09 / 2024
Transaction ID : 4796767
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 16 / 2024
Transaction ID : 4796767E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Pollard, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 Brite Ave
 City Scarsdale State NY Zip Code 10583-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 26 / 2024
Transaction ID : 4796796
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2200.00 |
| 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: (check only one) | PAGE 29 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2024

Transaction ID : 4796796E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Rezzy, Sabrina, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Willow Pl

| | | |
|------------------|-------------|------------------------|
| City Brooklyn | State NY | Zip Code 11201-4506 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--------------------------------------|
| Name of Employer (for Individual) NYSTLA | Occupation (for Individual) Comms |
|---|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2024

Transaction ID : 4796764

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2024

Transaction ID : 4796764E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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: (check only one) | PAGE 30 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Richter, Rosalyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W 70Th St
 Apt 27E
 City New York State NY Zip Code 10023-4382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.00

Date of Receipt **01 / 10 / 2024**
Transaction ID : 4796770
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 113815.00

Date of Receipt **01 / 16 / 2024**
Transaction ID : 4796770E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Rizzolo, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Long Hill Farm
 City Guilford State CT Zip Code 06437-1867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 6000.00

Date of Receipt **01 / 02 / 2024**
Transaction ID : 4796868
 Amount of Each Receipt this Period 6000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7200.00 |
| 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: (check only one) | PAGE 31 OF 57 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Rosen, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Central Park W
 City New York State NY Zip Code 10025-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **01 / 27 / 2024**
Transaction ID : 4796798
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 29 / 2024**
Transaction ID : 4796798E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Rosensweig, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Carthage Rd
 City Scarsdale State NY Zip Code 10583-7202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Tennis Player
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 12 / 2024**
Transaction ID : 4796875
 Amount of Each Receipt this Period 5000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6200.00 |
| 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: (check only one) | PAGE 32 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Rothman, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Mamaroneck Rd
 City Scarsdale State NY Zip Code 10583-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 25 / 2024
Transaction ID : 4796790
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 29 / 2024
Transaction ID : 4796790E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Rubinfeld, Louise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2538 NW 52Nd St
 City Boca Raton State FL Zip Code 33496-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 16 / 2024
Transaction ID : 4796779
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2400.00 |
| 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: (check only one) | PAGE 33 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2024

Transaction ID : 4796779E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Sackler, Lori, J, ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Hidden Ledge Rd

| | | |
|-------------------|-------------|------------------------|
| City Englewood | State NJ | Zip Code 07631-5125 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) MS | Occupation (for Individual) Financial Advisor |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2024

Transaction ID : 4796797

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field |
|-----------------------------------|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2024

Transaction ID : 4796797E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1200.00 |
| 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: (check only one) | PAGE 34 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Scharfman, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Washington St
 City Brooklyn State NY Zip Code 11201-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Mental Health Counseling
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 19 / 2024
Transaction ID : 4796782
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 22 / 2024
Transaction ID : 4796782E
 Amount of Each Receipt this Period 1200.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Shor, Nancy, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 E 48Th St
 City New York State NY Zip Code 10017-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Binder&Binder Law Firm Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 15 / 2024
Transaction ID : 4796778
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2400.00 |
| 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: (check only one) | PAGE 35 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2024
Transaction ID : 4796778E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Stern, Susan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 799 Park Ave
Apt 9C

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10021-3495 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2024
Transaction ID : 4796769

Amount of Each Receipt this Period
2500.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
113815.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2024
Transaction ID : 4796769E

Amount of Each Receipt this Period
2500.00

Memo Item

Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| 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: (check only one) | PAGE 36 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Telsey, Aimee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Central Park W
 City New York State NY Zip Code 10024-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 12 / 2024
Transaction ID : 4796773
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 16 / 2024
Transaction ID : 4796773E
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Ubelhart, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 W End Ave Apt 7A
 City New York State NY Zip Code 10025-5467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bloomberg LP Occupation (for Individual) Industry Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 24 / 2024
Transaction ID : 4796788
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 10000.00 |
| 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: (check only one) | PAGE 37 OF 57 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 113815.00

Date of Receipt 01 / 29 / 2024

Transaction ID : 4796788E

Amount of Each Receipt this Period 5000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Weiner, Shari, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Park Ave Apt 17D

City New York State NY Zip Code 10075-0280

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) Attorney

Murphy Mckeon PC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 10 / 2024

Transaction ID : 4796873

Amount of Each Receipt this Period 5000.00

Memo Item

C. Yanis, Melissa, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 W 57Th St Apt 18C

City New York State NY Zip Code 10019-3763

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual) Not Employed

Not Employed

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 30 / 2024

Transaction ID : 4796808

Amount of Each Receipt this Period 1200.00

Memo Item

* Earmarked Contribution: See Below

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 6200.00 |
| 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: (check only one) | PAGE 38 OF 57 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ACTBLUE | | Date of Receipt |
| Mailing Address PO Box 441146 | | <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2024"/> |
| City West Somerville | State MA | Zip Code 02144-0031 |
| FEC ID number of contributing federal political committee. C C00401224 | | Transaction ID : 4796808E |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period |
| Occupation (for Individual) Conduit total listed in Agg. field | | <input type="text" value="1200.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="113815.00"/> | <input checked="" type="checkbox"/> Memo Item |
| | | Note: Above Contribution earmarked through this organization. |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yanofsky, Nancy, , , | | Date of Receipt |
| Mailing Address 2500 S Ocean Blvd | | <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2024"/> |
| City Palm Beach | State FL | Zip Code 33480-5470 |
| FEC ID number of contributing federal political committee. C <input type="text"/> | | Transaction ID : 4796771 |
| Name of Employer (for Individual) Not Employed | | Amount of Each Receipt this Period |
| Occupation (for Individual) Not Employed | | <input type="text" value="1500.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/> | <input type="checkbox"/> Memo Item |
| | | * Earmarked Contribution: See Below |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ACTBLUE | | Date of Receipt |
| Mailing Address PO Box 441146 | | <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2024"/> |
| City West Somerville | State MA | Zip Code 02144-0031 |
| FEC ID number of contributing federal political committee. C C00401224 | | Transaction ID : 4796771E |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period |
| Occupation (for Individual) Conduit total listed in Agg. field | | <input type="text" value="1500.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="113815.00"/> | <input checked="" type="checkbox"/> Memo Item |
| | | Note: Above Contribution earmarked through this organization. |

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|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 39 OF 57 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zaro, Linda, , ,

Mailing Address 500 E 77Th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10162-0025 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|---|
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 31 | | 2024 |

Transaction ID : 4796882

Amount of Each Receipt this Period
1200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1200.00 |
| TOTAL This Period (last page this line number only).....▶ | 133815.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 40 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Adelson, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 N Moore St
 Apt 14
 City New York State NY Zip Code 10013-2460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 03 / 2024**
Transaction ID : 4796877
 Amount of Each Receipt this Period 5000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt **01 / 08 / 2024**
Transaction ID : 4796877E
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Cotton, Betty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 The Crossings
 City Purchase State NY Zip Code 10577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **01 / 25 / 2024**
Transaction ID : 4806243
 Amount of Each Receipt this Period 2500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 7500.00 |
| 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: (check only one) | PAGE 41 OF 57 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Levkoff, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 N Moore St
 City New York State NY Zip Code 10013-5721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2024
Transaction ID : 4796876
 Amount of Each Receipt this Period
 4500.00
 Memo Item

B. McHale, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Broadway
 City Hastings On Hudson State NY Zip Code 10706-2906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cane Investments LLC Occupation (for Individual) President And CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2024
Transaction ID : 4796879
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 * Earmarked Contribution: See Below

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 113815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2024
Transaction ID : 4796879E
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 9500.00 |
| 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: (check only one) | PAGE 42 OF 57 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Ubelhart, Karen, , , | | Date of Receipt MM / DD / YYYY 01 / 24 / 2024 Transaction ID : 4796878 |
| Mailing Address 800 W End Ave Apt 7A | | Amount of Each Receipt this Period 2000.00 |
| City New York | State NY | Zip Code 10025-5467 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Bloomberg LP | Occupation (for Individual) Industry Analyst | * Earmarked Contribution: See Below |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ACTBLUE | | Date of Receipt MM / DD / YYYY 01 / 29 / 2024 Transaction ID : 4796878E |
| Mailing Address PO Box 441146 | | Amount of Each Receipt this Period 2000.00 |
| City West Somerville | State MA | Zip Code 02144-0031 |
| FEC ID number of contributing federal political committee. C C00401224 | | <input checked="" type="checkbox"/> Memo Item |
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field | Note: Above Contribution earmarked through this organization. |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 113815.00 | |

| | | |
|---|-----------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | Zip Code |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) | Occupation (for Individual) | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | 19000.00 |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

Form A: ActBlue Technical Services. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: ActBlue Technical Services. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: ActBlue Technical Services. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 2334.46
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 Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Tri-State Maxed-Out Women

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 01 / 29 / 2024 | |
| Mailing Address PO Box 441146 | | FEC Identification Number C C00401224 Transaction ID : 500141953 | |
| City West Somerville | State MA | Zip Code 02144-0031 | Amount of Each Disbursement this Period 988.10 |
| Purpose of Disbursement PAC Credit Card Processing Fee | | Category/ Type | Memo Item <input type="checkbox"/> |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 01 / 31 / 2024 | |
| Mailing Address PO Box 441146 | | FEC Identification Number C C00401224 Transaction ID : 500141954 | |
| City West Somerville | State MA | Zip Code 02144-0031 | Amount of Each Disbursement this Period 699.15 |
| Purpose of Disbursement PAC Credit Card Processing Fee | | Category/ Type | Memo Item <input type="checkbox"/> |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Broken Sound Club | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2024 | |
| Mailing Address 2401 Willow Springs Dr | | FEC Identification Number C Transaction ID : 500141983 | |
| City Boca Raton | State FL | Zip Code 33496-2812 | Amount of Each Disbursement this Period 1883.36 |
| Purpose of Disbursement PAC Fundraising Event Expense | | Category/ Type | Memo Item <input type="checkbox"/> |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3570.61 |
| 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 Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Tri-State Maxed-Out Women

A. Dickstein Sudolsky, Marcia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement
PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 02 / 2024

FEC Identification Number: C
Transaction ID : 500141966

Amount of Each Disbursement this Period: 75.00

Memo Item

B. Dickstein Sudolsky, Marcia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 02 / 2024

FEC Identification Number: C
Transaction ID : 500141977

Amount of Each Disbursement this Period: 6250.00

Memo Item

C. Dickstein Sudolsky, Marcia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement
Reimbursement - See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 22 / 2024

FEC Identification Number: C
Transaction ID : 500141973

Amount of Each Disbursement this Period: 271.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6596.96

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 Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

Form A: Dickstein Sudolsky, Marcia, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Dickstein Sudolsky, Marcia, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: JetBlue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 7708.09
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 Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Tri-State Maxed-Out Women

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JetBlue | | Date of Disbursement MM / DD / YYYY 01 / 22 / 2024 |
| Mailing Address 2701 Queens Plz N | | FEC Identification Number C [] Transaction ID : 500141995 |
| City Long Island City | State NY | Zip Code 11101-4020 |
| Purpose of Disbursement PAC Travel Expense | | Amount of Each Disbursement this Period [] 379.29 |
| Candidate Name | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Loews Regency | | Date of Disbursement MM / DD / YYYY 01 / 11 / 2024 |
| Mailing Address 540 Park Ave | | FEC Identification Number C [] Transaction ID : 500141999 |
| City New York | State NY | Zip Code 10065-7366 |
| Purpose of Disbursement PAC Event Space Rental | | Amount of Each Disbursement this Period [] 227.71 |
| Candidate Name | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Noglou | | Date of Disbursement MM / DD / YYYY 01 / 25 / 2024 |
| Mailing Address 1266 Madison Ave | | FEC Identification Number C [] Transaction ID : 500142004 |
| City New York | State NY | Zip Code 10128-0516 |
| Purpose of Disbursement PAC Meeting Food & Beverage Expense | | Amount of Each Disbursement this Period [] 218.10 |
| Candidate Name | | Memo Item <input type="checkbox"/> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 825.10 |
| 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 Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Political Compliance Management Services, LLC

Mailing Address 910 17Th St NW Ste 925

City Washington

State DC

Zip Code 20006-2641

Purpose of Disbursement

PAC Accounting Services

Candidate Name

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 01 / 09 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : 500142007

Amount of Each Disbursement this Period

Amount box: 540.15

Memo Item

Full Name (Last, First, Middle Initial)

B. The Ray Hotel

Mailing Address 233 NE 2Nd Ave

City Delray Beach

State FL

Zip Code 33444-3705

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 01 / 10 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : 500142010

Amount of Each Disbursement this Period

Amount box: 305.97

Memo Item

Full Name (Last, First, Middle Initial)

C. The Ray Hotel

Mailing Address 233 NE 2Nd Ave

City Delray Beach

State FL

Zip Code 33444-3705

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 01 / 19 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : 500142011

Amount of Each Disbursement this Period

Amount box: 627.58

Memo Item

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

Subtotal box: 1473.70

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

Total box: (empty)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Tri-State Maxed-Out Women

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. The Ray Hotel | | Date of Disbursement MM / DD / YYYY 01 / 22 / 2024 |
| Mailing Address 233 NE 2Nd Ave | | FEC Identification Number C [] Transaction ID : 500142009 |
| City Delray Beach | State FL | Zip Code 33444-3705 |
| Purpose of Disbursement PAC Travel Expense | | Amount of Each Disbursement this Period [] 44.07 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Uber | | Date of Disbursement MM / DD / YYYY 01 / 02 / 2024 |
| Mailing Address 455 Market St | | FEC Identification Number C [] Transaction ID : 500142019 |
| City San Francisco | State CA | Zip Code 94105-2420 |
| Purpose of Disbursement PAC Travel Expense | | Amount of Each Disbursement this Period [] 68.62 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Uber | | Date of Disbursement MM / DD / YYYY 01 / 08 / 2024 |
| Mailing Address 455 Market St | | FEC Identification Number C [] Transaction ID : 500142020 |
| City San Francisco | State CA | Zip Code 94105-2420 |
| Purpose of Disbursement PAC Travel Expense | | Amount of Each Disbursement this Period [] 174.94 |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 287.63 |
| 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 Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 0 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500142014

Amount of Each Disbursement this Period

25.81

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 6 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500142015

Amount of Each Disbursement this Period

62.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 7 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500142016

Amount of Each Disbursement this Period

197.81

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

286.02

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 Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Tri-State Maxed-Out Women

A. Uber

Full Name (Last, First, Middle Initial)

Mailing Address 455 Market St

City San Francisco State CA Zip Code 94105-2420

Purpose of Disbursement
PAC Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 19 / 2024

FEC Identification Number: C

Transaction ID : 500142017

Amount of Each Disbursement this Period: 36.49

Memo Item

B. Uber

Full Name (Last, First, Middle Initial)

Mailing Address 455 Market St

City San Francisco State CA Zip Code 94105-2420

Purpose of Disbursement
PAC Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 22 / 2024

FEC Identification Number: C

Transaction ID : 500142021

Amount of Each Disbursement this Period: 255.77

Memo Item

C. Uber

Full Name (Last, First, Middle Initial)

Mailing Address 455 Market St

City San Francisco State CA Zip Code 94105-2420

Purpose of Disbursement
PAC Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 24 / 2024

FEC Identification Number: C

Transaction ID : 500142018

Amount of Each Disbursement this Period: 67.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 359.87

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 Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500142022

Amount of Each Disbursement this Period

37.52

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

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | 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

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

37.52

23479.96

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ALSOBROOKS FOR SENATE

Mailing Address 1101 Mercantile Ln
Ste 100

City
Upper Marlboro

State
MD

Zip Code
20774-5360

Purpose of Disbursement

Contribution

Candidate Name

ALSOBROOKS, ANGELA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 3 | 0 | | | 2 | 0 | 2 | 4 | | |

FEC Identification Number

C C00840017

Transaction ID : 500141957

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CASEY KEYSTONE VICTORY FUND

Mailing Address PO Box 58746

City
Philadelphia

State
PA

Zip Code
19102-8746

Purpose of Disbursement

Contribution

Candidate Name

CASEY KEYSTONE VICTORY FUND

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 | 1 | | | 2 | 9 | | | 2 | 0 | 2 | 4 | | |

FEC Identification Number

C C00545830

Transaction ID : 500141958

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JASMINE FOR US

Mailing Address PO Box 227235

City
Dallas

State
TX

Zip Code
75222-7235

Purpose of Disbursement

Contribution

Candidate Name

CROCKETT, JASMINE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 2 | 3 | | | 2 | 0 | 2 | 4 | | |

FEC Identification Number

C C00795450

Transaction ID : 500141993

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

8500.00

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

8500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input checked="" 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Rizzolo, Carol, , ,

Mailing Address 24 Long Hill Farm

City
Guilford

State
CT

Zip Code
06437-1867

Purpose of Disbursement
Refund of 1/2/2024 Excessive Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 5 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C []

Transaction ID : 500142013

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | 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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

[] 1000.00

[] 1000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
Non Contribution Account PAC Credit Card Processing Fee

Candidate Name
ActBlue Technical Services

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 8 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00401224

Transaction ID : 500141956

Amount of Each Disbursement this Period

197.50

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
Non Contribution Account PAC Credit Card Processing Fee

Candidate Name
ActBlue Technical Services

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 9 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C C00401224

Transaction ID : 500141955

Amount of Each Disbursement this Period

276.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Broken Sound Club

Mailing Address 2401 Willow Springs Dr

City
Boca Raton

State
FL

Zip Code
33496-2812

Purpose of Disbursement
Non Contribution Account PAC Fundraising Event Expense

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Transaction ID : 500141984

Amount of Each Disbursement this Period

1883.37

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2357.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement

Non Contribution Account PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 02 | | 2024 |

FEC Identification Number

C [Redacted]

Transaction ID : 500141968

Amount of Each Disbursement this Period

[Redacted] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement

Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 02 | | 2024 |

FEC Identification Number

C [Redacted]

Transaction ID : 500141982

Amount of Each Disbursement this Period

[Redacted] 6250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement

Non Contribution Account PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | | 22 | | 2024 |

FEC Identification Number

C [Redacted]

Transaction ID : 500141970

Amount of Each Disbursement this Period

[Redacted] 271.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 6596.96

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 25 | / | 2024 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500141981

Amount of Each Disbursement this Period

[REDACTED] 625.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 31 | / | 2024 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500141980

Amount of Each Disbursement this Period

[REDACTED] 6875.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Political Compliance Management Services, LLC

Mailing Address 910 17Th St NW Ste 925

City
Washington

State
DC

Zip Code
20006-2641

Purpose of Disbursement
Non Contribution Account PAC Accounting Services

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 09 | / | 2024 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500142008

Amount of Each Disbursement this Period

[REDACTED] 540.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 8040.15

[REDACTED] 16994.48