

# 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

L PAC

ADDRESS (number and street) PO Box 76940

Check if different than previously reported. (ACC) Washington DC 20013

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

C C00519413 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

(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)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2016

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

Type or Print Name of Treasurer

Signature of Treasurer Rosen, Hilary, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2017

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)

Write or Type Committee Name

L PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="92680.76"/>	<input type="text" value="92680.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92680.76"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="238514.70"/>	<input type="text" value="238514.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="331195.46"/>	<input type="text" value="331195.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="199320.62"/>	<input type="text" value="199320.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131874.84"/>	<input type="text" value="131874.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

L PAC

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

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).....	3770.16	3770.16
(ii) Unitemized .....	591.52	591.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4361.68	4361.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1075.00	1075.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5436.68	5436.68
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.).....	233078.02	233078.02
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)).....▶	238514.70	238514.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	238514.70	238514.70

**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 .....	219.30	219.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	219.30	219.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13270.16	13270.16
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	185831.16	185831.16
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)) ..	199320.62	199320.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	199320.62	199320.62

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5436.68	5436.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5436.68	5436.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	219.30	219.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	219.30	219.30

**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 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**L PAC**

**A. Bremner, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 907 Allahana Way  
 City Santa Fe State NM Zip Code 87501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KC Properties Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : VNW3HE8N041**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lannon, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1245 W Foster Ave # 3  
 City Chicago State IL Zip Code 60640-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wild Precious Occupation (for Individual) Ex Asst.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : VNW3HE9VWR6**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

**C. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : VNW3HE9VXX8**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3220.16
<b>TOTAL</b> 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 51
	<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)  
**L PAC**

**A. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave  
 Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : VNW3HE9W2B6**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

**B. Walker, Leonie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Buckeye  
 Address Line 2  
 City Portola Valley State CA Zip Code 94028-8015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIGO Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2016  
**Transaction ID : VNW3HE9VXN5**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3770.16

**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 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**L PAC**

**A. LOIS FRANKEL FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 812421

City Boca Raton	State FL	Zip Code 33481-2421
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FEC ID number of contributing federal political committee. **C** C00494856

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1075.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

**Transaction ID : VNW3HE8X5M3**

Amount of Each Receipt this Period  
1075.00

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 M	/	D D D	/	Y Y 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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	1075.00



**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 9 OF 51
<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)  
**L PAC**

**A. Aliperti, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 623 Commercial St  
 City Provincetown State MA Zip Code 02657-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Front Street Chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2016  
**Transaction ID : VNW3HE9EAG6**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Allee, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 265 Riverside Dr Apt 10E  
 City New York State NY Zip Code 10025-5249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 United Nations political analyst  
 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  
 03 / 31 / 2016  
**Transaction ID : VNW3HEA3BJ6**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Non-Contribution Account

**C. Baum, Duffy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Applecross Rd  
 City Weaverville State NC Zip Code 28787-9203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Retired Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2016  
**Transaction ID : VNW3HE9FP10**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

**A. Bauman, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2358 Massachusetts Ave NW  
 City Washington State DC Zip Code 20008-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bauman Foundation Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **03 / 24 / 2016**  
**Transaction ID : VNW3HE9EC79**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-Contribution Account

**B. Cotter, Kathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 623 Commercial St  
 City Provincetown State MA Zip Code 02657-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) front street Occupation (for Individual) chef  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 12 / 2016**  
**Transaction ID : VNW3HE8SP40**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Diamond, Eileen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5795 SW 50th Ter  
 City Miami State FL Zip Code 33155-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 22 / 2016**  
**Transaction ID : VNW3HE9B438**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dixon, Karen, , ,</b>			Date of Receipt
Mailing Address 2414 Tracy PI NW			<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2016"/>
City Washington	State DC	Zip Code 20008-1627	<b>Transaction ID : VNW3HE8SMM4</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25000.00"/>
Name of Employer (for Individual) Schiavi Seeds		Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="25000.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Emes, Virginia, , ,</b>			Date of Receipt
Mailing Address 1441 Q St NW			<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City Washington	State DC	Zip Code 20009-3807	<b>Transaction ID : VNW3HE837K4</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Name of Employer (for Individual) Virginia Emes		Occupation (for Individual) Landlord/Property Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Felicio, Diane, , ,</b>			Date of Receipt
Mailing Address 39 Westchester Rd 39			<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>
City Jamaica Plain	State MA	Zip Code 02130-3451	<b>Transaction ID : VNW3HE7C057</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer (for Individual) Community Catalyst		Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="27400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 51
<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)  
**L PAC**

**A. Fisher, Barcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 7th Ave W  
 City Seattle State WA Zip Code 98119-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stay at home mom Occupation (for Individual) Stay at home mom  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : VNW3HE9FHY7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Hanna, Gabrielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Pleasant St  
 City Provincetown State MA Zip Code 02657-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coldwell Banker Pat Shultz Real Estate Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2016  
**Transaction ID : VNW3HE5NHQ2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Laguens, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3250 Tennyson St NW  
 City Washington State DC Zip Code 20015-2463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Planned Parenthood Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 11 / 2016  
**Transaction ID : VNW3HE8SHD2**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

**A. Layng, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 248 Cortez Rd  
 City West Palm Beach State FL Zip Code 33405-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PJL Associates Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **03 / 22 / 2016**  
**Transaction ID : VNW3HE9B462**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Non-Contribution Account

**B. Mencher, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 Bent Cypress Rd  
 City Wellington State FL Zip Code 33414-7029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 22 / 2016**  
**Transaction ID : VNW3HE9B454**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Newstat, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 California St # 27  
 City San Francisco State CA Zip Code 94109-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : VNW3HE8SHA9**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20900.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

**A. Newstat, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 California St # 27  
 City San Francisco State CA Zip Code 94109-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : VNW3HEA6J04**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

**B. Newstat, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 California St # 27  
 City San Francisco State CA Zip Code 94109-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25400.00

Date of Receipt **03 / 22 / 2016**  
**Transaction ID : VNW3HE9B4V7**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Non-Contribution Account

**c. Orlandino, Betty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3332 NE 190th St Uph 15  
 City Aventura State FL Zip Code 33180-2672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Master Coach  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **03 / 19 / 2016**  
**Transaction ID : VNW3HE96RV7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Orlandino, Betty, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address 3332 NE 190th St Uph 15		<b>Transaction ID : VNW3HE98MF1</b>
City Aventura	State FL	Zip Code 33180-2672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Master Coach	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Palm Beach County Human Rights Council</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 267		<b>Transaction ID : VNW3HE9B4F3</b>
City West Palm Beach	State FL	Zip Code 33402-0267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Palumbo, Mario, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2016
Mailing Address 1995 Broadway FI 3		<b>Transaction ID : VNW3HE7F8N5</b>
City New York	State NY	Zip Code 10023-5882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Millennium Partners	Occupation (for Individual) real estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

**A. Paster, Esther, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Flying Point Rd  
 Ste 204  
 City Southampton State NY Zip Code 11968-5276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peconic Bay Realty Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : VNW3HE98JY6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Peak, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6939 WILDERNESS WAY DRIVE  
 MD 5675  
 City Grand Prairie State TX Zip Code 75054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : VNW3HE8HPY2**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

**C. Proffitt, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 Maddock St  
 City West Palm Beach State FL Zip Code 33405-4626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Proffitt Management Solution Occupation (for Individual) Executive Business Coach  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : VNW3HE98N39**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

**A. Rice, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5310 N Ocean Dr  
 801  
 City Riviera Beach State FL Zip Code 33404-2567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) na Occupation (for Individual) na  
 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  
 03 / 28 / 2016  
**Transaction ID : VNW3HE9KS19**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Non-Contribution Account

**B. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : VNW3HE7C065**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item  
 Non-Contribution Account

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : VNW3HE7C049**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75500.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ritchie, Alix, L, ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 30220		<b>Transaction ID : VNW3HE9B4X3</b>
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer (for Individual) Alix Ritchie Consulting	Occupation (for Individual) Media Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ritchie, Alix, L, ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 30220		<b>Transaction ID : VNW3HE9FQ54</b>
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Alix Ritchie Consulting	Occupation (for Individual) Media Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rosen, Hilary, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 12 / 2016
Mailing Address 4835 Hutchins PI NW		<b>Transaction ID : VNW3HE4ZH49</b>
City Washington	State DC	Zip Code 20007-1529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer (for Individual) SKDKnickerbocker	Occupation (for Individual) PR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 10000.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35000.00
<b>TOTAL</b> 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 19 OF 51
<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)  
**L PAC**

**A. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) PR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10400.00

Date of Receipt 03 / 10 / 2016  
**Transaction ID : VNW3HE8RBS6**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Non-Contribution Account

**B. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) PR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10900.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : VNW3HE98N47**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Rosploch, Sandy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2199 Canal Rd  
 City Palm Beach Gardens State FL Zip Code 33410-3404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2016  
**Transaction ID : VNW3HE9B446**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**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 51
<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)  
**L PAC**

**A. Schmidt, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Wenonah Pl  
 City West Palm Beach State FL Zip Code 33405-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Table 26 Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 22 / 2016**  
**Transaction ID : VNW3HE9B4H8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Stryker, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 W 14th St FI 9  
 City New York State NY Zip Code 10014-1059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Streamline Circle LLC Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **02 / 12 / 2016**  
**Transaction ID : VNW3HE84G01**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-Contribution Account

**C. Tomchin, Joy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 252 7th Ave Apt 15D  
 City New York State NY Zip Code 10001-7348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **03 / 31 / 2016**  
**Transaction ID : VNW3HEA3BH8**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36000.00
<b>TOTAL</b> 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 51
<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)  
**L PAC**

**A. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave  
 Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **02 / 11 / 2016**  
**Transaction ID : VNW3HE6RX28**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 Non-Contribution Account

**B. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave  
 Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : VNW3HE8RGJ1**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 Non-Contribution Account

**C. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave  
 Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt **03 / 22 / 2016**  
**Transaction ID : VNW3HE9B4T0**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00  
**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 51
<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)  
**L PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Walker, Charlotte, , ,**

Mailing Address 173 Putnam Park

City Greenwich	State CT	Zip Code 06830-5782
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	29	/	2016

**Transaction ID : VNW3HE9N4B8**

Amount of Each Receipt this Period  
1500.00

Memo Item

Non-Contribution Account

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	228250.00

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C [ ] <b>Transaction ID : VNV499SV1E</b>	
City Rockville	State MD	Zip Code 20855-2295	Amount of Each Disbursement this Period [ ] 200.08
Purpose of Disbursement Travel Reimbursement, unitemized		Category/Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/Type [ ]	
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:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/Type [ ]	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	200.08
<b>TOTAL</b> This Period (last page this line number only).....▶	200.08

**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)  
**L PAC**

**A. DONNA EDWARDS FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 44305

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2016

City Fort Washington State MD Zip Code 20749-4305

FEC Identification Number

Purpose of Disbursement  
Political Contribution

C	C00574145
---	-----------

Candidate Name  
**EDWARDS, DONNA FERN, , ,**

Category/  
Type

**Transaction ID : VNV499T755I**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period	5000.00
---	---------

State: MD District: 03

Memo Item

**B. TAMMY FOR ILLINOIS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 10793

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

City Chicago State IL Zip Code 60610-0793

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00574889
---	-----------

Candidate Name  
**DUCKWORTH, L TAMMY, , ,**

Category/  
Type

**Transaction ID : VNV499STM2**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period	5000.00
---	---------

State: IL District: 00

Memo Item

**C. TAMMY FOR ILLINOIS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 10793

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

City Chicago State IL Zip Code 60610-0793

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00574889
---	-----------

Candidate Name  
**DUCKWORTH, L TAMMY, , ,**

Category/  
Type

**Transaction ID : VNV3HE9VV**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period	20.16
---	-------

State: IL District: 00

Earmarked by Patrick Lannon

Memo Item

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

10020.16
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**TOTAL** This Period (last page this line number only).....▶

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**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. TAMMY FOR ILLINOIS</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address PO Box 10793		FEC Identification Number C00574889 <b>Transaction ID : VNW3HE9VX</b>
City Chicago	State IL	Zip Code 60610-0793
Purpose of Disbursement Conduit Contribution		Amount of Each Disbursement this Period 50.00
Candidate Name <b>DUCKWORTH, L TAMMY, , ,</b>		Earmarked by Leonie Walker
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: IL	District: 00	

Full Name (Last, First, Middle Initial) <b>B. TAMMY FOR ILLINOIS</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address PO Box 10793		FEC Identification Number C00574889 <b>Transaction ID : VNW3HE9VX</b>
City Chicago	State IL	Zip Code 60610-0793
Purpose of Disbursement Conduit Contribution		Amount of Each Disbursement this Period 2700.00
Candidate Name <b>DUCKWORTH, L TAMMY, , ,</b>		Earmarked by Laura Ricketts
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: IL	District: 00	

Full Name (Last, First, Middle Initial) <b>C. TAMMY FOR ILLINOIS</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address PO Box 10793		FEC Identification Number C00574889 <b>Transaction ID : VNW3HE9W</b>
City Chicago	State IL	Zip Code 60610-0793
Purpose of Disbursement Conduit Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name <b>DUCKWORTH, L TAMMY, , ,</b>		Earmarked by Urvasi Vaid
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: IL	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13270.16

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>			Date of Disbursement MM / DD / YYYY 02 / 12 / 2016		
Mailing Address 201 I St NE			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STGS</b> Amount of Each Disbursement this Period [REDACTED] 214.00 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item		
City Washington	State DC	Zip Code 20002-4449	Category/Type [REDACTED]		
Purpose of Disbursement Travel		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>B. Amtrak</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2016		
Mailing Address 201 I St NE			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STGT</b> Amount of Each Disbursement this Period [REDACTED] 304.00 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item		
City Washington	State DC	Zip Code 20002-4449	Category/Type [REDACTED]		
Purpose of Disbursement Travel		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>C. Amtrak</b>			Date of Disbursement MM / DD / YYYY 03 / 04 / 2016		
Mailing Address 201 I St NE			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STG</b> Amount of Each Disbursement this Period [REDACTED] 46.00 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item		
City Washington	State DC	Zip Code 20002-4449	Category/Type [REDACTED]		
Purpose of Disbursement Travel		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: _____					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 564.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Angel's Food Market</b>			Date of Disbursement MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 4681 Mountain Rd				
City Pasadena		State MD	Zip Code 21122-5462	
Purpose of Disbursement Catering			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number <b>C</b>	
			<b>Transaction ID : VNV499SN60</b>	
			Amount of Each Disbursement this Period 1168.00	
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Aureole Restaurant</b>			Date of Disbursement MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 135 W 42nd St				
City New York		State NY	Zip Code 10036-6509	
Purpose of Disbursement Catering			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016		
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number <b>C</b>	
			<b>Transaction ID : VNV499STME</b>	
			Amount of Each Disbursement this Period 9700.00	
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BuySellAds.com</b>			Date of Disbursement MM / DD / YYYY 03 / 30 / 2016	
Mailing Address PO Box 55071 # 30027				
City Boston		State MA	Zip Code 02205-5071	
Purpose of Disbursement Print ads			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
			FEC Identification Number <b>C</b>	
			<b>Transaction ID : VNV499STH4</b>	
			Amount of Each Disbursement this Period 500.00	
			<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11368.00
<b>TOTAL</b> 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 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)  
**L PAC**

**A. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN64

Amount of Each Disbursement this Period: 777.43

Memo Item

**B. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499STH5

Amount of Each Disbursement this Period: 777.43

Memo Item

**C. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499STH6

Amount of Each Disbursement this Period: 777.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2332.29

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Carr Workplace**

Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 04 / 2016

FEC Identification Number: C  
Transaction ID : VNV499SN68  
Amount of Each Disbursement this Period: 2645.72  
Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Carr Workplace**

Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 02 / 2016

FEC Identification Number: C  
Transaction ID : VNV499STH7  
Amount of Each Disbursement this Period: 1849.38  
Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Carr Workplace**

Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 22 / 2016

FEC Identification Number: C  
Transaction ID : VNV499STH8  
Amount of Each Disbursement this Period: 2522.55  
Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7017.65

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary 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)  
**L PAC**

**A. Carr Workplace**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 02 / 2016

FEC Identification Number: C

Transaction ID : VNV499STH9

Amount of Each Disbursement this Period: 2512.24

Memo Item

**B. Civitas Public Affairs**

Full Name (Last, First, Middle Initial)

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement Strategic Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 21 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN69:

Amount of Each Disbursement this Period: 580.84

Memo Item

**C. Collective Conscience, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement Communication Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN6/

Amount of Each Disbursement this Period: 5500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8593.08

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement  
Communication Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
02 / 23 / 2016

FEC Identification Number  
**C**

Transaction ID : **VNV499STHC**

Amount of Each Disbursement this Period  
6584.19

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement  
Communication Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
03 / 14 / 2016

FEC Identification Number  
**C**

Transaction ID : **VNV499STHG**

Amount of Each Disbursement this Period  
8674.97

Memo Item

Full Name (Last, First, Middle Initial)  
**C. DC Department of Employment Services**

Mailing Address 4058 Minnesota Ave NE

City Washington State DC Zip Code 20019-3540

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 05 / 2016

FEC Identification Number  
**C**

Transaction ID : **VNV499SN6E**

Amount of Each Disbursement this Period  
472.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15731.91

**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 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)  
**L PAC**

**A. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit card processing for PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN6D

Amount of Each Disbursement this Period: 2383.38

Memo Item

**B. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit card processing for PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2016

FEC Identification Number: C

Transaction ID : VNV499SHTH

Amount of Each Disbursement this Period: 628.26

Memo Item

**C. First Data**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement  
Credit card processing for PAC

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2016

FEC Identification Number: C

Transaction ID : VNV499STH

Amount of Each Disbursement this Period: 183.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3194.93

**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 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)  
**L PAC**

**A. Grant, Jaime, M, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 623 Rock Creek Rd NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Consulting: Fundraising services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 03 / 2016

FEC Identification Number: C  
Transaction ID : VNV499STJ4  
Amount of Each Disbursement this Period: 5985.00  
Non-Contribution Account  
 Memo Item

**B. Grant, Jaime, M, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 623 Rock Creek Rd NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Consulting: Fundraising services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 16 / 2016

FEC Identification Number: C  
Transaction ID : VNV499STJ5  
Amount of Each Disbursement this Period: 5985.00  
Non-Contribution Account  
 Memo Item

**C. Harmon,Curran, Spielberg & Eisenberg, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1726 M St NW Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 06 / 2016

FEC Identification Number: C  
Transaction ID : VNV499SN6  
Amount of Each Disbursement this Period: 1468.80  
Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13438.80

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STHZ</b> Amount of Each Disbursement this Period 299.25
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STJ0!</b> Amount of Each Disbursement this Period 1310.54
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STJ1</b> Amount of Each Disbursement this Period 895.29
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2505.08
<b>TOTAL</b> 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 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)  
**L PAC**

**A. Kaiser HPS**

Full Name (Last, First, Middle Initial)

Mailing Address 1615 L St NW

City Washington State DC Zip Code 20036-5610

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 10 / 2016

FEC Identification Number: C

Transaction ID : VNV499STJ9

Amount of Each Disbursement this Period: 209.66

Memo Item

**B. Karlsberg, Michele, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 101 Lexington Ave

City Staten Island State NY Zip Code 10302-2025

Purpose of Disbursement Communication Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2016

FEC Identification Number: C

Transaction ID : VNV499STJYI

Amount of Each Disbursement this Period: 6000.00

Memo Item

**C. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN6F

Amount of Each Disbursement this Period: 1278.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7487.80

**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 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)  
**L PAC**

**A. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 12 / 2016

FEC Identification Number: C

Transaction ID : VNV499STJA

Amount of Each Disbursement this Period: 1278.14

Memo Item

**B. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499STJB

Amount of Each Disbursement this Period: 1278.15

Memo Item

**C. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499STJC

Amount of Each Disbursement this Period: 1278.15

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3834.44

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Kight, Kate, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 1629 L St NE Unit 303		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499STJD</b> Amount of Each Disbursement this Period 1278.15 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Payroll	Zip Code 20002-3055	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499STJX</b> Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lea Krauss for Judge Campaign</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 3101 N Federal Hwy Ste 401		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499STJX</b> Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Fort Lauderdale	State FL	
Purpose of Disbursement Contribution	Zip Code 33306-1073	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SN65</b> Amount of Each Disbursement this Period 6000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mindset</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 1220 N Fillmore St Ste 400		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SN65</b> Amount of Each Disbursement this Period 6000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Arlington	State VA	
Purpose of Disbursement Consulting: Fundraising Services	Zip Code 22201-6501	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SN65</b> Amount of Each Disbursement this Period 6000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

8278.15

**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)  
**L PAC**

**A. Mindset**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 N Fillmore St  
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement Consulting: Fundraising Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 23 / 2016

FEC Identification Number  
**C**

Transaction ID : VNV499STJZ

Amount of Each Disbursement this Period  
6000.00

Memo Item  Non-Contribution Account

**B. NGP VAN, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 02 / 2016

FEC Identification Number  
**C**

Transaction ID : VNV499STK5

Amount of Each Disbursement this Period  
150.00

Memo Item  Non-Contribution Account

**C. NGP VAN, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
03 / 01 / 2016

FEC Identification Number  
**C**

Transaction ID : VNV499STK6

Amount of Each Disbursement this Period  
1050.00

Memo Item  Non-Contribution Account

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7200.00

**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 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)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN6W

Amount of Each Disbursement this Period: 199.45

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN6X

Amount of Each Disbursement this Period: 2303.73

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN6J

Amount of Each Disbursement this Period: 2825.77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5328.95

**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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SN6Z</b> Amount of Each Disbursement this Period 91.84 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing	Category/ Type
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>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499STKD</b> Amount of Each Disbursement this Period 2705.07 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Taxes	Category/ Type
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>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499STKI</b> Amount of Each Disbursement this Period 91.84 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2888.75
<b>TOTAL</b> 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 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)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499STKF

Amount of Each Disbursement this Period: 91.84

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499STKG

Amount of Each Disbursement this Period: 2705.06

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499STKI

Amount of Each Disbursement this Period: 2705.06

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5501.96

**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)

<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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STKJ</b>	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 91.84
Purpose of Disbursement Payroll Processing		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/> Memo Item
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>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STKK</b>	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 91.84
Purpose of Disbursement Payroll Processing		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/> Memo Item
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>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499STKI</b>	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 2696.81
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/> Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2880.49
<b>TOTAL</b> This Period (last page this line number only).....▶	[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)  
**L PAC**

**A. PCMS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 08 / 2016

FEC Identification Number: C  
Transaction ID : VNV499SN70  
Amount of Each Disbursement this Period: 639.15  
Non-Contribution Account  
 Memo Item

**B. PCMS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 23 / 2016

FEC Identification Number: C  
Transaction ID : VNV499STKP  
Amount of Each Disbursement this Period: 1351.91  
Non-Contribution Account  
 Memo Item

**C. PCMS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 14 / 2016

FEC Identification Number: C  
Transaction ID : VNV499STK5  
Amount of Each Disbursement this Period: 881.04  
Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2872.10

**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)

<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)  
**L PAC**

**A. Practice Makes Progress**

Full Name (Last, First, Middle Initial)

Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement Consulting: Communications services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
01 / 05 / 2016

FEC Identification Number  
**C**  
Transaction ID : VNV499SN6C  
Amount of Each Disbursement this Period  
1725.00  
Non-Contribution Account  
 Memo Item

**B. Practice Makes Progress**

Full Name (Last, First, Middle Initial)

Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement Consulting: Communications services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 02 / 2016

FEC Identification Number  
**C**  
Transaction ID : VNV499STJ6  
Amount of Each Disbursement this Period  
5000.00  
Non-Contribution Account  
 Memo Item

**C. Practice Makes Progress**

Full Name (Last, First, Middle Initial)

Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement Consulting: Communications services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
02 / 23 / 2016

FEC Identification Number  
**C**  
Transaction ID : VNV499STJ7  
Amount of Each Disbursement this Period  
5000.00  
Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11725.00

**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 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)  
**L PAC**

## A. Practice Makes Progress

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1875 Connecticut Ave NW  
FI 10

M M M	/	D D D	/	Y Y Y Y Y
03		15		2016

City Washington State DC Zip Code 20009-5728

FEC Identification Number

Purpose of Disbursement  
Consulting: Communications services

C [REDACTED]

Candidate Name

Transaction ID : VNV499STJ8  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 5000.00

State: District:

Non-Contribution Account  
 Memo Item

## B. Seamless

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1065 Avenue Of The Americas

M M M	/	D D D	/	Y Y Y Y Y
03		14		2016

City New York State NY Zip Code 10018-1878

FEC Identification Number

Purpose of Disbursement  
Catering

C [REDACTED]

Candidate Name

Transaction ID : VNV499STKV  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 255.53

State: District:

Non-Contribution Account  
 Memo Item

## C. Seamless

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1065 Avenue Of The Americas

M M M	/	D D D	/	Y Y Y Y Y
03		17		2016

City New York State NY Zip Code 10018-1878

FEC Identification Number

Purpose of Disbursement  
Catering

C [REDACTED]

Candidate Name

Transaction ID : VNV499STKI  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

[REDACTED] 19.25

State: District:

Non-Contribution Account  
 Memo Item

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

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

[REDACTED] 5274.78

[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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SN62</b> Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SN63!</b> Amount of Each Disbursement this Period 3485.34 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SN63!</b> Amount of Each Disbursement this Period 3485.34 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499STHC</b> Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499STHC</b> Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499STHC</b> Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10456.00
<b>TOTAL</b> 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 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> Transaction ID : VNV499STH1 Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	FEC Identification Number <b>C</b> Transaction ID : VNV499STH2 Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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>B. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> Transaction ID : VNV499STH3 Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	FEC Identification Number <b>C</b> Transaction ID : VNV499STH3 Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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>C. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> Transaction ID : VNV499STH3 Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	FEC Identification Number <b>C</b> Transaction ID : VNV499STH3 Amount of Each Disbursement this Period 3485.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)..... ▶

10455.99

**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 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)  
**L PAC**

**A. SkipJack**

Full Name (Last, First, Middle Initial)

Mailing Address 10150 York Rd  
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 04 / 2016

FEC Identification Number: C

Transaction ID : VNV499SN71

Amount of Each Disbursement this Period: 1185.62

Memo Item

**B. SkipJack**

Full Name (Last, First, Middle Initial)

Mailing Address 10150 York Rd  
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 02 / 2016

FEC Identification Number: C

Transaction ID : VNV499STKY

Amount of Each Disbursement this Period: 1185.62

Memo Item

**C. SkipJack**

Full Name (Last, First, Middle Initial)

Mailing Address 10150 York Rd  
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 01 / 2016

FEC Identification Number: C

Transaction ID : VNV499STK2

Amount of Each Disbursement this Period: 1185.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3556.86

**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 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)  
**L PAC**

**A. Staples Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499STM0

Amount of Each Disbursement this Period: 125.96

Memo Item

**B. Staples Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2016

FEC Identification Number: C

Transaction ID : VNV499STM1

Amount of Each Disbursement this Period: 240.81

Memo Item

**C. The Kloppenburg for Justice Committee**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2483

City Madison State WI Zip Code 53701-2483

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 28 / 2016

FEC Identification Number: C

Transaction ID : VNV499STM!

Amount of Each Disbursement this Period: 1000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1366.77
<b>TOTAL</b> 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 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)  
**L PAC**

**A. The Lesbian, Gay, Bisexual & Transgender Community Center**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 208 W 13th St

M M M	/	D D D	/	Y Y Y Y Y
03		30		2016

City New York State NY Zip Code 10011-7702

FEC Identification Number

Purpose of Disbursement  
Site Rental

C
---

Transaction ID : VNV499STM4  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

360.00
--------

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

Memo Item Non-Contribution Account

State: District:

**B. The Seattle Lesbian**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 15815 16th Ave SW

M M M	/	D D D	/	Y Y Y Y Y
03		29		2016

City Seattle State WA Zip Code 98166-2857

FEC Identification Number

Purpose of Disbursement  
Print ads

C
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Transaction ID : VNV499STKX  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

540.00
--------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

Memo Item Non-Contribution Account

State: District:

**C. W. Douglas Wingo Inc**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 350 7th Ave  
Rm 1603

M M M	/	D D D	/	Y Y Y Y Y
02		12		2016

City New York State NY Zip Code 10001-1934

FEC Identification Number

Purpose of Disbursement  
Fundraising Consulting Services

C
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Transaction ID : VNV499SNG.  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

10000.00
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Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

Memo Item Non-Contribution Account

State: District:

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

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

10900.00
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**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)

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. W. Douglas Wingo Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2016
Mailing Address 350 7th Ave Rm 1603		FEC Identification Number C [ ] <b>Transaction ID : VNV499STM8</b> Amount of Each Disbursement this Period 19000.00
City New York	State NY	Zip Code 10001-1934
Purpose of Disbursement Fundraising Consulting Services		Category/ Type [ ]
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:	Non-Contribution Account <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Washington Blade</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 529 14th St NW		FEC Identification Number C [ ] <b>Transaction ID : VNV499STM9</b> Amount of Each Disbursement this Period 700.00
City Washington	State DC	Zip Code 20045-1000
Purpose of Disbursement Ad Buy		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Non-Contribution Account <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
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:	Amount of Each Disbursement this Period [ ]	
		Non-Contribution Account <input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	184453.78