

# 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)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

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

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2015 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2015

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 / D D / Y Y Y Y Y Y 11 / 30 / 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.

Office Use Only									
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**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="2015"/>	<input type="text" value="45659.96"/>	<input type="text" value="45659.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115750.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="365312.73"/>	<input type="text" value="704316.73"/>
(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="481063.15"/>	<input type="text" value="749976.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="388382.39"/>	<input type="text" value="657295.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92680.76"/>	<input type="text" value="92680.76"/>
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:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10750.00	27125.64
(ii) Unitemized .....	360.00	507.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11110.00	27632.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16110.00	32632.64
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).....	0.88	40.28
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	349201.85	671643.81
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)).....▶	365312.73	704316.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	365312.73	704316.73

**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 .....	0.00	1217.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	1217.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6125.64
24. Independent Expenditures (use Schedule E) .....	0.00	6016.00
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).....	388382.39	643936.70
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)) ..	388382.39	657295.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	388382.39	657295.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	16110.00	32632.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16110.00	32632.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	1217.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.88	40.28
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 0.88	1177.31

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

The amendment correctly identifies certain disbursements as coming from the Non-Contribution account.

Form/Schedule:  
Transaction ID:

**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 124
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 50 Central Park W  
Apt 5A

City New York State NY Zip Code 10023-6006

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

Name of Employer (for Individual) Field Real Estate Holdings Occupation (for Individual) Real Estate Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
07 / 19 / 2015  
Transaction ID : VNW3HDZ8CP9

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 3024 Tilden St NW  
Apt 502C

City Washington State DC Zip Code 20008-3084

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton LLP Occupation (for Individual) Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
07 / 12 / 2015  
Transaction ID : VNW3HE8SXQ6

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 3024 Tilden St NW  
Apt 502C

City Washington State DC Zip Code 20008-3084

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

Name of Employer (for Individual) Kilpatrick Townsend & Stockton LLP Occupation (for Individual) Attorney

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
08 / 12 / 2015  
Transaction ID : VNW3HE8SXP8

Amount of Each Receipt this Period  
2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 124
	<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. Gattuso, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Tilden St NW  
 Apt 502C  
 City Washington State DC Zip Code 20008-3084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kilpatrick Townsend & Stockton LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 21 / 2015**  
**Transaction ID : VNW3HEF0F91**  
 Amount of Each Receipt this Period -2500.00  
 Memo Item  
 Credit on credit card payment

**B. Glott, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Birch Hill Rd  
 City Newton State MA Zip Code 02465-2552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Museum of Fine Arts, Boston Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 18 / 2015**  
**Transaction ID : VNW3HDZ7Q25**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Magliocco, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 NE 3rd St  
 City Fort Lauderdale State FL Zip Code 33301-1670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) architect  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : VNW3HDZDGB8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 9 OF 124  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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  
Rosen, Hilary, , ,

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 ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2015

**Transaction ID : VNW3HDYYYYB1**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 29 Pearl St

City Provincetown    State MA    Zip Code 02657

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

Name of Employer (for Individual) Self    Occupation (for Individual) Film & Technology Consultant

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  
07 / 06 / 2015

**Transaction ID : VNW3HDYQQN0**

Amount of Each Receipt this Period  
250.00

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10750.00

**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 10 OF 124
<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. PLANNED PARENTHOOD ACTION FUND INC. PAC**

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

Mailing Address 434 W 33rd St

City New York	State NY	Zip Code 10001-2601
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00314617

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	07	/	2015

**Transaction ID : VNW3HE3AH68**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**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 11 OF 124
<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. Aberly, Naomi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Mount Vernon Pl  
 City Boston State MA Zip Code 02108-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) volunteer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 22 / 2015**  
**Transaction ID : VNW3HE0N5J5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. Alotta, J. Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 970 Kent Ave Apt 513  
 City Brooklyn State NY Zip Code 11205-4477  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Astraea Lesbian Foundation for Justice Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9P61**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Asch, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Lanvale Ave  
 City Asheville State NC Zip Code 28806-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Musician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 12 / 2015**  
**Transaction ID : VNW3HDZS300**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 12 OF 124
<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. Ayers, Tess, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2015
Mailing Address 21700 Oxnard St Ste 2030		<b>Transaction ID : VNW3HDZMB15</b>
City Woodland Hills	State CA	Zip Code 91367-7545
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) producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ayers, Tess, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 01 / 2015
Mailing Address 21700 Oxnard St Ste 2030		<b>Transaction ID : VNW3HE37VE8</b>
City Woodland Hills	State CA	Zip Code 91367-7545
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) producer	<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. Baidas, Austin, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 800 W Cornelia Ave Apt 400		<b>Transaction ID : VNW3HE0MW54</b>
City Chicago	State IL	Zip Code 60657-1948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Information Requested	<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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 124
<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. Bailey, Desiray, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2015
Mailing Address 22515 6th Ave S Unit 502		<b>Transaction ID : VNW3HE099W0</b>
City Des Moines	State WA	Zip Code 98198-6883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Barabino, John, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address PO Box 5010		<b>Transaction ID : VNW3HE3NGK3</b>
City Monroe	State CT	Zip Code 06468-8200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<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. Bennett, James, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 12 / 2015
Mailing Address 5353 N Magnolia Ave		<b>Transaction ID : VNW3HE2NZQ5</b>
City Chicago	State IL	Zip Code 60640-2204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Lambda Legal	Occupation (for Individual) Regional Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<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 124
<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. Bernstein, Susan, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2015
Mailing Address 82 Ellery St		<b>Transaction ID : VNW3HDZ9TK3</b>
City Cambridge	State MA	Zip Code 02138-4355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) self	Occupation (for Individual) artist	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bloom, Amy, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 11 / 2015
Mailing Address 1000 NW North River Dr # 135		<b>Transaction ID : VNW3HE2N6G7</b>
City Miami	State FL	Zip Code 33136-2900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Florida International University	Occupation (for Individual) Corporate Sponsorships 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 ▼ 300.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bock, Walter, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 26 / 2015
Mailing Address 114 Hudson Ave		<b>Transaction ID : VNW3HE3QM73</b>
City Tenafly	State NJ	Zip Code 07670-1004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<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 124
<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. Bodner, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Yale St  
 City Medford State MA Zip Code 02155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandy Bodner Strategic Communications Occupation (for Individual) Public Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2015  
**Transaction ID : VNW3HE0K0P2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. 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 ▼ 250.00

Date of Receipt 09 / 22 / 2015  
**Transaction ID : VNW3HE0N841**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Broderick, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 Dolphin Rd  
 City Riviera Beach State FL Zip Code 33404-2714  
 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 ▼ 300.00

Date of Receipt 11 / 10 / 2015  
**Transaction ID : VNW3HE2JBX6**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 124
<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. Butehorn, Loretta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Neponset Ave  
 City Dorchester State MA Zip Code 02122-3103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9MT5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Button, Tracey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 480 N McClurg Court #1113  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Art Institute of Chicago Occupation (for Individual) Director of Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 22 / 2015**  
**Transaction ID : VNW3HE0NJ19**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Cantor, Clara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 N Southlake Dr  
 City Hollywood State FL Zip Code 33019-1503  
 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 ▼ 300.00

Date of Receipt **11 / 16 / 2015**  
**Transaction ID : VNW3HE2T6M7**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 124
<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. Carey, Rea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2432 20th St NW  
 City Washington State DC Zip Code 20009-1544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National LGBTQ Task Force - Be You Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : VNW3HE0K4J9**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 Non-Contribution Account

**B. Cecil, Guy, , , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1432 T St NW  
 City Washington State DC Zip Code 20009-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 07 / 2015**  
**Transaction ID : VNW3HE3A JA3**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 Non-Contribution Account

**C. Cherry, Elyse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Cotswold Rd  
 City Brookline State MA Zip Code 02445-5837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Community Capital Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **7500.00**

Date of Receipt **08 / 18 / 2015**  
**Transaction ID : VNW3HDZWC36**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>6000.00</b>
<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 124
<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. Clinton, Kate, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 20 / 2015</b>
Mailing Address 230 W End Ave Apt 10C		<b>Transaction ID : VNW3HDZ9MZ5</b>
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer (for Individual) Self	Occupation (for Individual) Writer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Clinton, Kate, , ,</b>		Date of Receipt MM / DD / YYYY <b>12 / 15 / 2015</b>
Mailing Address 230 W End Ave Apt 10C		<b>Transaction ID : VNW3HE3K9V7</b>
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer (for Individual) Self	Occupation (for Individual) Writer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1250.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cohen, Barbara, E, ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 20 / 2015</b>
Mailing Address 2109 Broadway Apt 1365		<b>Transaction ID : VNW3HDZ9TM1</b>
City New York	State NY	Zip Code 10023-2149
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer (for Individual) Self	Occupation (for Individual) Artist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>1250.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</b>
<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 124
<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. Collins, Constance, , ,</b>		Date of Receipt
Mailing Address 8841 Garland Ave		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Surfside	State FL	Zip Code 33154-3325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HE0G4S9</b>
Name of Employer (for Individual) Surfside		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cruz, Ana, , ,</b>		Date of Receipt
Mailing Address 4836 W Flamingo Rd		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Tampa	State FL	Zip Code 33611-1012
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HE3AJ04</b>
Name of Employer (for Individual) Ballard Partners		Occupation (for Individual) Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Culligan, Susan, , ,</b>		Date of Receipt
Mailing Address 1900 Purdy Ave Apt 2310		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Miami Beach	State FL	Zip Code 33139-1496
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : VNW3HE20VC6</b>
Name of Employer (for Individual) Purple Roofs		Occupation (for Individual) Real Estate
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 124
<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. Culligan, Susan, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 02 / 2015
Mailing Address 1900 Purdy Ave Apt 2310		<b>Transaction ID : VNW3HE2AAF1</b>
City Miami Beach	State FL	Zip Code 33139-1496
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Purple Roofs	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 ▼ 600.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cumming, Roxanne, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2015
Mailing Address 8930 SW 5th Ave		<b>Transaction ID : VNW3HE26RZ4</b>
City Portland	State OR	Zip Code 97219-4822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self as Roxanne Cumming, MD	Occupation (for Individual) Physician	<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. DiTomasso, Kim, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2015
Mailing Address 428 W 23rd St Apt 2B		<b>Transaction ID : VNW3HEF0F75</b>
City New York	State NY	Zip Code 10011-2142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 239.20
Name of Employer (for Individual) Ditto Consulting	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 239.20	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1039.20
<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 124
<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 M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2015
Mailing Address 2414 Tracy PI NW			<b>Transaction ID : VNW3HE3NVH1</b>
City Washington	State DC	Zip Code 20008-1627	Amount of Each Receipt this Period 25000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Schiavi Seeds		Occupation (for Individual) COO	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Duce, Jennifer, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2015
Mailing Address 1744 Daytonia Rd			<b>Transaction ID : VNW3HE26AC5</b>
City Miami Beach	State FL	Zip Code 33141-1735	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United airlines		Occupation (for Individual) Pilot	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Duce, Jennifer, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2015
Mailing Address 1744 Daytonia Rd			<b>Transaction ID : VNW3HE2F433</b>
City Miami Beach	State FL	Zip Code 33141-1735	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United airlines		Occupation (for Individual) Pilot	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25300.00
<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 22 OF 124
<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. Eisenberg, Ruth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 Euclid St NW  
 City Washington State DC Zip Code 20009-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harmon, Curran, Spielberg & Eisenberg Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **12 / 23 / 2015**  
**Transaction ID : VNW3HE3QCC5**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Non-Contribution Account

**B. Emes, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1441 Q St NW  
 City Washington State DC Zip Code 20009-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Emes Occupation (for Individual) Landlord/Property Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 04 / 2015**  
**Transaction ID : VNW3HDZM8V4**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Falk, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1770 Micanopy Ave  
 City Miami State FL Zip Code 33133-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Akerman LLP Occupation (for Individual) Consultant.  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 26 / 2015**  
**Transaction ID : VNW3HE1WXH7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1625.00
<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 23 OF 124
<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. Federici, Victoria, , ,</b>		Date of Receipt MM / DD / YYYY <b>11 / 03 / 2015</b>
Mailing Address 1310 Cleveland Rd Ste 200		<b>Transaction ID : VNW3HE2BVN2</b>
City Miami Beach	State FL	Zip Code 33141-1713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer (for Individual) Retired	Occupation (for Individual) N/A	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Felicio, Diane, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 20 / 2015</b>
Mailing Address 39 Westchester Rd 39		<b>Transaction ID : VNW3HDZ9N03</b>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
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 ▼ <b>500.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Felicio, Diane, , ,</b>		Date of Receipt MM / DD / YYYY <b>10 / 06 / 2015</b>
Mailing Address 39 Westchester Rd 39		<b>Transaction ID : VNW3HE14JZ4</b>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
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 ▼ <b>750.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<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 24 OF 124
<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. Filardi, Dolores, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1203  
 City Truro State MA Zip Code 02666-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Sculptor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9N10**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. 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 ▼ 550.00

Date of Receipt **08 / 24 / 2015**  
**Transaction ID : VNW3HE01HG7**  
 Amount of Each Receipt this Period 550.00  
 Memo Item  
 Non-Contribution Account

**C. Frazier, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Granville Road  
 City Lincoln State MA Zip Code 01773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maloney Properties, Inc. Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 28 / 2015**  
**Transaction ID : VNW3HE0TAB1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1300.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 124
<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. Friedman, Andrea, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2015
Mailing Address 1404 W Foster Ave # 3		<b>Transaction ID : VNW3HE0NDA1</b>
City Chicago	State IL	Zip Code 60640-2106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) AF Advocacy	Occupation (for Individual) Advocate/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 ▼ 150.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Friedman, Andrea, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 03 / 2015
Mailing Address 1404 W Foster Ave # 3		<b>Transaction ID : VNW3HE39HC7</b>
City Chicago	State IL	Zip Code 60640-2106
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer (for Individual) AF Advocacy	Occupation (for Individual) Advocate/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 ▼ 275.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gabel, Marianne, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 157 Collingwood St		<b>Transaction ID : VNW3HE2T2B9</b>
City San Francisco	State CA	Zip Code 94114-2411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Non profit fundraiser	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<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 26 OF 124
<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. Gadinsky, Elizabeth, , ,</b>			Date of Receipt
Mailing Address 3530 Pine Tree Drive			<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City Miami Beach	State FL	Zip Code 33140	<b>Transaction ID : VNW3HE1EMS1</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) none		Occupation (for Individual) Volunteer	<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="500.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gallardo, Miriam, , ,</b>			Date of Receipt
Mailing Address 437 D Street #6D			<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Boston	State MA	Zip Code 02210	<b>Transaction ID : VNW3HE18VC4</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Oracle		Occupation (for Individual) Consulting	<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="500.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gallardo, Miriam, , ,</b>			Date of Receipt
Mailing Address 437 D Street #6D			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City Boston	State MA	Zip Code 02210	<b>Transaction ID : VNW3HE2T285</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1200.00"/>
Name of Employer (for Individual) Oracle		Occupation (for Individual) Consulting	<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="1700.00"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="2200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 124
<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. Gay, Faith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 5th Ave  
 3a  
 City New York State NY Zip Code 10011-8843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quinn Emanuel Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2015  
**Transaction ID : VNW3HE12ED9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Giblett, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2311 North 45th Street  
 #335  
 City Seattle State WA Zip Code 98103  
 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 ▼ 500.00

Date of Receipt 09 / 11 / 2015  
**Transaction ID : VNW3HE0CK37**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Goldberg, Phillip, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 N Janssen Ave  
 City Chicago State IL Zip Code 60614-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foley & Lardner LLP Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : VNW3HE0MY81**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 28 OF 124
<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. Gomez, Carlos J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8500 NE 10th Ave  
 City Miami State FL Zip Code 33138-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Eye Care Occupation (for Individual) Healthcare Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : VNW3HE2P7Y9**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Non-Contribution Account

**B. Gomez, Carlos J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8500 NE 10th Ave  
 City Miami State FL Zip Code 33138-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Premier Eye Care Occupation (for Individual) Healthcare Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : VNW3HE2P8M1**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Non-Contribution Account

**C. Gottschalk, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 N Kenmore Ave Unit E  
 City Chicago State IL Zip Code 60657-7079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sittercity, Inc. Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2015  
**Transaction ID : VNW3HE0Z0Z6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 124
<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. Grainger, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Court St  
 Apt 2E  
 City Brooklyn State NY Zip Code 11201-4903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Civitas Public Affairs Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 05 / 2015**  
**Transaction ID : VNW3HE3A7Y6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. Grossman, Richard, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1919 N Lakeside Dr  
 City Lake Worth State FL Zip Code 33460-6336  
 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 **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9NE3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Gund, Agnes, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 765 Park Ave  
 Apt 14B  
 City New York State NY Zip Code 10021-4271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Museum of Modern Art Occupation (for Individual) President Emerita, Art Historian  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : VNW3HE0AV62**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25750.00
<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 30 OF 124
<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. Haag, Rebecca, , ,</b>			Date of Receipt MM / DD / YYYY <b>10 / 29 / 2015</b>
Mailing Address <b>21 Father Gilday Street #502</b>			<b>Transaction ID : VNW3HE24Y80</b>
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02118</b>	Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Boston</b>		Occupation (for Individual) <b>Consultant</b>	<input type="checkbox"/> Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hanna, Gabrielle, , ,</b>			Date of Receipt MM / DD / YYYY <b>07 / 20 / 2015</b>
Mailing Address <b>41 Pleasant St</b>			<b>Transaction ID : VNW3HDZ9NG7</b>
City <b>Provincetown</b>	State <b>MA</b>	Zip Code <b>02657-2000</b>	Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Coldwell Banker Pat Shultz Real Estate</b>		Occupation (for Individual) <b>Realtor</b>	<input type="checkbox"/> Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Harper, Mary, , ,</b>			Date of Receipt MM / DD / YYYY <b>12 / 31 / 2015</b>
Mailing Address <b>304 Monroe St</b>			<b>Transaction ID : VNW3HE3TFM1</b>
City <b>Kalamazoo</b>	State <b>MI</b>	Zip Code <b>49006-4436</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>None</b>		Occupation (for Individual) <b>Retired</b>	<input type="checkbox"/> Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>1000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<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 31 OF 124
<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. Harrell, Monisha, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015
Mailing Address 18203 Larch Way		<b>Transaction ID : VNW3HE0AV79</b>
City Lynnwood	State WA	Zip Code 98037-4942
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) Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Harrison, Sue, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address PO Box 7096		<b>Transaction ID : VNW3HDZ9N36</b>
City Fort Lauderdale	State FL	Zip Code 33338-7096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) My Old Florida	Occupation (for Individual) New Media Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hergott, Alan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2015
Mailing Address 150 S Rodeo Dr		<b>Transaction ID : VNW3HDZRYE8</b>
City Beverly Hills	State CA	Zip Code 90212-2408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) Bloom Hergott et al	Occupation (for Individual) Lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 32 OF 124
<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. Hergott, Alan, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2015
Mailing Address 150 S Rodeo Dr			<b>Transaction ID : VNW3HE3K4D6</b>
City Beverly Hills	State CA	Zip Code 90212-2408	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Bloom Hergott et al		Occupation (for Individual) Lawyer	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hermanns, Kris, A, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 1730 22nd Ave, #609W			<b>Transaction ID : VNW3HE05QQ8</b>
City Seattle	State WA	Zip Code 98122	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Pride Foundation		Occupation (for Individual) Nonprofit Management	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hite, Amanda, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015
Mailing Address 100 Florida Ave NE Apt 906			<b>Transaction ID : VNW3HE3A2D1</b>
City Washington	State DC	Zip Code 20002-3287	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) BTC Revolutions		Occupation (for Individual) Cofounder CEO	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1725.00
<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 33 OF 124
<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. Hite, Amanda, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 07 / 2015
Mailing Address 100 Florida Ave NE Apt 906			<b>Transaction ID : VNW3HE3AF72</b>
City Washington	State DC	Zip Code 20002-3287	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) BTC Revolutions		Occupation (for Individual) Cofounder CEO	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Huinker, Becky, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2015
Mailing Address 1431 W Summerdale Ave Unit 2B			<b>Transaction ID : VNW3HE0MKZ1</b>
City Chicago	State IL	Zip Code 60640	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Bryan Cave LLP		Occupation (for Individual) Attorney	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hyland, Linda, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 16 / 2015
Mailing Address 10 Bowdoin St Apt 20			<b>Transaction ID : VNW3HE2T9T0</b>
City Boston	State MA	Zip Code 02114-4239	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Brigham and Women's Hospital		Occupation (for Individual) Physician Assistant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 34 OF 124
<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. Jones, Delana, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 23 / 2015
Mailing Address 5009 SW Hanford St			<b>Transaction ID : VNW3HE3Q938</b>
City Seattle	State WA	Zip Code 98116-2936	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Moxie Media		Occupation (for Individual) Consultant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jones, Margaret, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 15 / 2015
Mailing Address 3541 N Fremont St			<b>Transaction ID : VNW3HE0FPW4</b>
City Chicago	State IL	Zip Code 60657-1706	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hyatt Hotels		Occupation (for Individual) Attorney	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ketner, Linda, , ,</b>			Date of Receipt MM / DD / YYYY 12 / 16 / 2015
Mailing Address 3554 Bohicket Rd			<b>Transaction ID : VNW3HE3MBY3</b>
City Johns Island	State SC	Zip Code 29455-7223	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) KSI		Occupation (for Individual) Consultant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<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 35 OF 124
<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. King, Billie Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Rickland Dr  
 City Randolph State NJ Zip Code 07869-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) World Team Tennis Occupation (for Individual) Tennis Promoter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **12 / 16 / 2015**  
**Transaction ID : VNW3HE3MHY6**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-Contribution Account

**B. Kirchoff, Karin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5800 9th Rd N  
 City Arlington State VA Zip Code 22205-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National pta Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt **08 / 13 / 2015**  
**Transaction ID : VNW3HDZT9F8**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 Non-Contribution Account

**C. Kirchoff, Karin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5800 9th Rd N  
 City Arlington State VA Zip Code 22205-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National pta Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt **09 / 15 / 2015**  
**Transaction ID : VNW3HE0G4N9**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10015.00
<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 36 OF 124
<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. Kirchoff, Karin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5800 9th Rd N  
 City Arlington State VA Zip Code 22205-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National pta Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 07 / 2015  
**Transaction ID : VNW3HE3ANB7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. 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 ▼ 1000.00

Date of Receipt 07 / 20 / 2015  
**Transaction ID : VNW3HDZ9NA2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. 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 ▼ 1150.00

Date of Receipt 11 / 16 / 2015  
**Transaction ID : VNW3HE2T6V3**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 124
<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. Layng, Pamela, J, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015
Mailing Address 248 Cortez Rd		<b>Transaction ID : VNW3HE3SH30</b>
City West Palm Beach	State FL	Zip Code 33405-4106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) PJL Associates	Occupation (for Individual) 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 ▼ 1250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lenane, Joan, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address PO Box 681		<b>Transaction ID : VNW3HDZ9NB9</b>
City Provincetown	State MA	Zip Code 02657-0681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Coldwell Banker Pat Shultz Real Estate	Occupation (for Individual) Real Estate Broker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Leszczynski, Jeanne, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2015
Mailing Address 65 Wellesley Ave		<b>Transaction ID : VNW3HE11TH6</b>
City Needham	State MA	Zip Code 02494-1821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 38 OF 124
<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. Leszczynski, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 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 ▼ 500.00

Date of Receipt **10 / 29 / 2015**  
**Transaction ID : VNW3HE24AJ6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Lopez, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Beacon Heights Dr  
 City Newton State MA Zip Code 02459-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Judge  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9NH5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Ma, Patty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1690 Washington St Apt 4  
 City Boston State MA Zip Code 02118-3370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Axiom Occupation (for Individual) Legal Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 21 / 2015**  
**Transaction ID : VNW3HDZAK13**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 39 OF 124
<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. Mandel, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Nordic Trl  
 Asheville  
 City Asheville State NC Zip Code 28804-1970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **08 / 08 / 2015**  
**Transaction ID : VNW3HDZPPC9**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Non-Contribution Account

**B. Marcus, Gwen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Broadway # PH1B  
 City New York State NY Zip Code 10023-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Showtime Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **10 / 12 / 2015**  
**Transaction ID : VNW3HE1B9M4**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non-Contribution Account

**C. Marshall, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Willow Brook Dr  
 City Wayland State MA Zip Code 01778-5124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9NQ2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10800.00
<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 40 OF 124
<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. McCarthy, Rick, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 21 / 2015</b>
Mailing Address <b>11 Dartmouth Pl Apt 3</b>		<b>Transaction ID : VNW3HDZAK63</b>
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02116-6106</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer (for Individual) <b>US Bank</b>	Occupation (for Individual) <b>Banker</b>	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McCarthy, Tim, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 21 / 2015</b>
Mailing Address <b>PO Box 1446</b>		<b>Transaction ID : VNW3HDZAKB2</b>
City <b>Provincetown</b>	State <b>MA</b>	Zip Code <b>02657-5446</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer (for Individual) <b>LIPTV</b>	Occupation (for Individual) <b>Publisher</b>	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McGahan, Anita, , ,</b>		Date of Receipt MM / DD / YYYY <b>09 / 01 / 2015</b>
Mailing Address <b>PO Box 654</b>		<b>Transaction ID : VNW3HE07460</b>
City <b>Provincetown</b>	State <b>MA</b>	Zip Code <b>02657-0654</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer (for Individual) <b>University of Toronto</b>	Occupation (for Individual) <b>Professor</b>	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>500.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1250.00</b>
<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 41 OF 124
<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. Merck, Friedrike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1732 1st Ave # 28114  
 City New York State NY Zip Code 10128-5177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2015  
**Transaction ID : VNW3HE3M4W2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Moodie-Mills, Aisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1441 Harvard St NW Apt 2  
 City Washington State DC Zip Code 20009-4695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) President & CEO Occupation (for Individual) Gay and Lesbian Victory Fund  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2015  
**Transaction ID : VNW3HE39N43**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Morton, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7024 1st Ave NW  
 City Seattle State WA Zip Code 98117-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) sales / restaurant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : VNW3HE0AV87**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 42 OF 124
<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. Murray, Georgia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 433 Shawmut Avenue  
 City Boston State MA Zip Code 02118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 22 / 2015**  
**Transaction ID : VNW3HE0N655**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. Navratilova, Martina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 Casey Key Rd  
 City Nokomis State FL Zip Code 34275-3395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARTINA ENTERPRISES INC Occupation (for Individual) TENNIS PLAYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 30 / 2015**  
**Transaction ID : VNW3HE3SB88**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-Contribution Account

**C. Norton, Giulia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Cranston St.  
 City Jamaica Plain State MA Zip Code 02130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neighborhood Health Plan Occupation (for Individual) Manager of Medical Economics-Clinical  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 27 / 2015**  
**Transaction ID : VNW3HE0S5F4**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3125.00
<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 43 OF 124
<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. Norton, Giulia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Cranston St.  
 City Jamaica Plain State MA Zip Code 02130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Neighborhood Health Plan Occupation (for Individual) Manager of Medical Economics-Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 27 / 2015**  
**Transaction ID : VNW3HE0S5G2**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Non-Contribution Account

**B. 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 ▼ 1000.00

Date of Receipt **08 / 12 / 2015**  
**Transaction ID : VNW3HDZS8F8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**C. Pellett, Clark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 680 N Lake Shore Dr Apt 1302  
 City Chicago State IL Zip Code 60611-4482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 20 / 2015**  
**Transaction ID : VNW3HE1QFA4**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6125.00
<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 44 OF 124
<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. Petris, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 Parker Gray School Way  
 City Alexandria State VA Zip Code 22314-6443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Petris & Johnson Occupation (for Individual) Executive Search  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2015  
**Transaction ID : VNW3HE2ZQ98**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Pile, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16407 John Rowland Trl  
 City Arlington State VA Zip Code 22203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Promontory Interfinancial Network Occupation (for Individual) Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : VNW3HE35VV5**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 Non-Contribution Account

**C. Pile, Kathryn, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16407 John Rowland Trl  
 City Milton State DE Zip Code 19968-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Promontory Interfinancial Network Occupation (for Individual) Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 07 / 2015  
**Transaction ID : VNW3HE3AJ79**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1125.00  
**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 45 OF 124
<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. Podlodowski, Tina, , ,</b>			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Seattle	State WA	Zip Code 98119-2919	<b>Transaction ID : VNW3HE0CHW9</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<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="2500.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Podlodowski, Tina, , ,</b>			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Seattle	State WA	Zip Code 98119-2919	<b>Transaction ID : VNW3HE11MG6</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2268.13"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<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="4768.13"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Podlodowski, Tina, , ,</b>			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Seattle	State WA	Zip Code 98119-2919	<b>Transaction ID : VNW3HE1J586</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<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="7268.13"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="7268.13"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 124
<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. Podlodowski, Tina, , ,</b>			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City Seattle	State WA	Zip Code 98119-2919	<b>Transaction ID : VNW3HE3MEA1</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<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="8268.13"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Proffitt, Nancy, , ,</b>			Date of Receipt
Mailing Address 326 Maddock St			<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City West Palm Beach	State FL	Zip Code 33405-4626	<b>Transaction ID : VNW3HE19MD5</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer (for Individual) Proffitt Management Solution		Occupation (for Individual) Executive Business 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 ▼ <input type="text" value="300.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Reamer, Sue, , ,</b>			Date of Receipt
Mailing Address 20 Webster St Apt 213			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City Brookline	State MA	Zip Code 02446-4963	<b>Transaction ID : VNW3HE0MKA5</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	<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="2500.00"/>		Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3800.00"/>
<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 47 OF 124
<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. 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 ▼ 155000.00

Date of Receipt **12 / 23 / 2015**  
**Transaction ID : VNW3HE5BPY8**  
Amount of Each Receipt this Period 50000.00  
 Memo Item  
Non-Contribution Account

**B. 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 ▼ 51024.00

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : VNW3HE5X8Z9**  
Amount of Each Receipt this Period 1024.00  
 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 ▼ 101024.00

Date of Receipt **08 / 12 / 2015**  
**Transaction ID : VNW3HDZS2Z2**  
Amount of Each Receipt this Period 50000.00  
 Memo Item  
Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	101024.00
<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 48 OF 124
<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 M M M / D D D / Y Y Y Y Y Y 12 / 22 / 2015
Mailing Address PO Box 30220		<b>Transaction ID : VNW3HE3PN44</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 50000.00
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 ▼ 151024.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rose, Sally, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015
Mailing Address PO Box 681		<b>Transaction ID : VNW3HE2D2R8</b>
City Provincetown	State MA	Zip Code 02657-0681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Provincetown Banner	Occupation (for Individual) Editor	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rosen, Hilary, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2015
Mailing Address 4835 Hutchins PI NW		<b>Transaction ID : VNW3HE1J410</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 ▼ 27500.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62500.00
<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 49 OF 124
	<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. Rosenfield, Sheryl, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 13611 Deering Bay Dr Apt 901		<b>Transaction ID : VNW3HE2T2F9</b>
City Coral Gables	State FL	Zip Code 33158-2842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Self	Occupation (for Individual) 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 ▼ 300.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sandberg, Leslie, J, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2015
Mailing Address 10 Thistlemore Rd		<b>Transaction ID : VNW3HDZ9ND5</b>
City Provincetown	State MA	Zip Code 02657-1750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Information Requested	Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Saul, Jean, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2015
Mailing Address 1470 S Quebec Way #115		<b>Transaction ID : VNW3HE1HM72</b>
City Denver	State CO	Zip Code 80231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 750.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2050.00
<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 50 OF 124
<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. Schwartz, Elizabeth, , ,</b>		Date of Receipt MM / DD / YYYY <b>11 / 13 / 2015</b>
Mailing Address 690 Lincoln Rd 304		<b>Transaction ID : VNW3HE2PFD0</b>
City Miami Beach	State FL	Zip Code 33139-2904
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer (for Individual) Elizabeth F Schwartz, PA	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Serafini, Linda, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 21 / 2015</b>
Mailing Address 86 Hammond St		<b>Transaction ID : VNW3HDZAWT0</b>
City Acton	State MA	Zip Code 01720-3225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer (for Individual) CSC ServiceWorks	Occupation (for Individual) lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sheehan, Sheila, S, ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 20 / 2015</b>
Mailing Address 594 Commercial St		<b>Transaction ID : VNW3HDZ9NV4</b>
City Provincetown	State MA	Zip Code 02657-1726
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2500.00</b>
Name of Employer (for Individual) None	Occupation (for Individual) None	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>2500.00</b>	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>4000.00</b>
<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 51 OF 124
<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. Sobel, Naomi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4623 Melbourne Ave  
 Apt 1  
 City Los Angeles State CA Zip Code 90027-4258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Astraea Lesbian Found. for Jus Occupation (for Individual) Fundraising  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 08 / 25 / 2015  
**Transaction ID : VNW3HE02TC3**  
 Amount of Each Receipt this Period 3600.00  
 Memo Item  
 Non-Contribution Account

**B. Spainhour, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1177 22ns St NW  
 Unit 8C  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leidos Inc. Occupation (for Individual) SVP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2015  
**Transaction ID : VNW3HE01QB0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**C. Spencer, Campbell, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 N Park Ave  
 Apt 501  
 City Chevy Chase State MD Zip Code 20815-4512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Campbell Spencer Group Occupation (for Individual) Public Affairs Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2015  
**Transaction ID : VNW3HE3AJ61**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4350.00  
**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 52 OF 124
<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. Stearns, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Mechanic St  
 City Provincetown State MA Zip Code 02657-2025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : VNW3HDZH5K1**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**B. Susman, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 East 19th Street  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pfizer Occupation (for Individual) EVP Corporate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 18 / 2015**  
**Transaction ID : VNW3HDZXYS6**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-Contribution Account

**C. Tamayo, Lillian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6307 Garden Ave  
 City West Palm Beach State FL Zip Code 33405-4201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Planned Parenthood - South Florida Occupation (for Individual) Healthcare  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 16 / 2015**  
**Transaction ID : VNW3HE1NGB7**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<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 53 OF 124
<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. Vaid, Urvashi, , ,</b>			Date of Receipt MM / DD / YYYY <b>12 / 16 / 2015</b>
Mailing Address <b>230 W End Ave Apt 10C</b>			<b>Transaction ID : VNW3HE3MBZ1</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10023-3664</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Self</b>		Occupation (for Individual) <b>Consultant</b>	<input type="checkbox"/> Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>10500.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. VanderLinden, John, , ,</b>			Date of Receipt MM / DD / YYYY <b>09 / 22 / 2015</b>
Mailing Address <b>2430 N Lakeview Ave</b>			<b>Transaction ID : VNW3HE0N375</b>
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60614-2877</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Berkshire Hathaway</b>		Occupation (for Individual) <b>Real Estate</b>	<input type="checkbox"/> Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Victoria, Donna, , ,</b>			Date of Receipt MM / DD / YYYY <b>08 / 14 / 2015</b>
Mailing Address <b>1104 Merwood Dr</b>			<b>Transaction ID : VNW3HDZVAP4</b>
City <b>Takoma Park</b>	State <b>MD</b>	Zip Code <b>20912-6912</b>	Amount of Each Receipt this Period <b>2500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Victoria Research</b>		Occupation (for Individual) <b>Survey Research</b>	<input type="checkbox"/> Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>2500.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<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 54 OF 124
<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. Viitala, Ann, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3449 45th Ave S		<b>Transaction ID : VNW3HE08FB0</b>
City Minneapolis	State MN	Zip Code 55406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Employer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WATSON, OLIVE, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2015
Mailing Address 8 Deerfield Rd		<b>Transaction ID : VNW3HE3A3N5</b>
City Sag Harbor	State NY	Zip Code 11963-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer (for Individual) Oz Inc	Occupation (for Individual) Entrepreneur	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Weiner, Joanne, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1617 SW 20th Ave		<b>Transaction ID : VNW3HE3BKP5</b>
City Boca Raton	State FL	Zip Code 33486-8522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
Name of Employer (for Individual) Palm Beach Academy	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1700.00	Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4700.00
<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 55 OF 124
<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. White, B. Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1035 Adams St.  
 City Hollywood State FL Zip Code 33019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Making Projects Work, Inc. Occupation (for Individual) consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 05 / 2015**  
**Transaction ID : VNW3HE12M24**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-Contribution Account

**B. Williams, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 S Pointe Dr Apt 2101  
 City Miami Beach State FL Zip Code 33139-7348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Williams McCall Gallery Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 20 / 2015**  
**Transaction ID : VNW3HDZ9NS8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Williamson, Cris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 346 N 75th Street  
 City Seattle State WA Zip Code 98103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Singer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 06 / 2015**  
**Transaction ID : VNW3HE09KJ1**  
 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 56 OF 124
<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. Wilson, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 Beacon St., Suite #1  
 City Brookline State MA Zip Code 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Law Offices of Susan Wilson, LLC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 10 / 2015**  
**Transaction ID : VNW3HE0B902**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

**B. Wolfson, Jeri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1680  
 City Sun Valley State ID Zip Code 83353-1680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Art Consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 29 / 2015**  
**Transaction ID : VNW3HE24A03**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**C. Wolfson, Jeri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1680  
 City Sun Valley State ID Zip Code 83353-1680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Art Consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : VNW3HE3T1C6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-Contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	335046.33



**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. Alamo Rent-a-Car</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address 23430 Autopilot Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJ95'</b> Amount of Each Disbursement this Period 224.84
City Sterling	State VA	Zip Code 20166-7706
Purpose of Disbursement Travel		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. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 4333 Amon Carter Blvd # MD5675		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJ96'</b> Amount of Each Disbursement this Period 276.20
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Travel		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. American Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 4333 Amon Carter Blvd # MD5675		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJ97</b> Amount of Each Disbursement this Period 324.20
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Travel		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	

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

825.24

**TOTAL** 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. American Airlines</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2015	
Mailing Address 4333 Amon Carter Blvd # MD5675			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJ98!</b> Amount of Each Disbursement this Period 1423.44	
City Fort Worth	State TX	Zip Code 76155-2605	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement MM / DD / YYYY 11 / 18 / 2015	
Mailing Address 4333 Amon Carter Blvd # MD5675			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJ99!</b> Amount of Each Disbursement this Period 25.00	
City Fort Worth	State TX	Zip Code 76155-2605	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>			Date of Disbursement MM / DD / YYYY 11 / 24 / 2015	
Mailing Address 4333 Amon Carter Blvd # MD5675			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJ9A</b> Amount of Each Disbursement this Period 50.00	
City Fort Worth	State TX	Zip Code 76155-2605	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

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

1498.44

**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**

**A. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJ9B

Amount of Each Disbursement this Period: 422.00

Memo Item

**B. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 21 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJ9C

Amount of Each Disbursement this Period: 755.00

Memo Item

**C. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJ9C

Amount of Each Disbursement this Period: 56.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1233.00

**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**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 201 I St NE		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJ9E</b> Amount of Each Disbursement this Period 153.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Category/ Type	
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. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address PO Box 8999		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJ9G</b> Amount of Each Disbursement this Period 40.70 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94128-8999	Category/ Type	
Purpose of Disbursement Credit card processing for PAC		
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. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address PO Box 8999		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJ9H</b> Amount of Each Disbursement this Period 40.70 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94128-8999	Category/ Type	
Purpose of Disbursement Credit card processing for PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

234.40

**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. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 09 / 02 / 2015		
Mailing Address PO Box 8999			FEC Identification Number C [REDACTED]		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : <b>VNV499SJ9J</b>		
Purpose of Disbursement Credit card processing for PAC		Category/ Type	Amount of Each Disbursement this Period 40.70		
Candidate Name			Non-Contribution Account		
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) ▼		Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 10 / 02 / 2015		
Mailing Address PO Box 8999			FEC Identification Number C [REDACTED]		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : <b>VNV499SJ9K</b>		
Purpose of Disbursement Credit card processing for PAC		Category/ Type	Amount of Each Disbursement this Period 40.70		
Candidate Name			Non-Contribution Account		
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) ▼		Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 11 / 03 / 2015		
Mailing Address PO Box 8999			FEC Identification Number C [REDACTED]		
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : <b>VNV499SJ9N</b>		
Purpose of Disbursement Credit card processing for PAC		Category/ Type	Amount of Each Disbursement this Period 40.70		
Candidate Name			Non-Contribution Account		
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) ▼		Memo Item		
State: District:					

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

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

122.10
[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. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 12 / 02 / 2015	
Mailing Address PO Box 8999			FEC Identification Number <b>C</b>	
City San Francisco	State CA	Zip Code 94128-8999	Transaction ID : <b>VNV499SJ9N</b>	
Purpose of Disbursement Credit card processing for PAC			Amount of Each Disbursement this Period 40.70	
Candidate Name			Non-Contribution Account <input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>			Date of Disbursement MM / DD / YYYY 07 / 02 / 2015	
Mailing Address 700 13th St NW			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-3950	Transaction ID : <b>VNV499SJ9P!</b>	
Purpose of Disbursement Credit Card Processing Fee			Amount of Each Disbursement this Period 214.74	
Candidate Name			Non-Contribution Account <input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>			Date of Disbursement MM / DD / YYYY 07 / 03 / 2015	
Mailing Address 700 13th St NW			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-3950	Transaction ID : <b>VNV499SJ9C</b>	
Purpose of Disbursement Credit Card Processing Fee			Amount of Each Disbursement this Period 25.76	
Candidate Name			Non-Contribution Account <input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

281.20

**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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJTE</b> Amount of Each Disbursement this Period 948.11
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Credit Card Processing Fee		Category/ Type [REDACTED]
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. Bank of America</b>		Date of Disbursement MM / DD / YYYY 12 / 24 / 2015
Mailing Address 700 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJTF</b> Amount of Each Disbursement this Period 15.00
City Washington	State DC	Zip Code 20005-3950
Purpose of Disbursement Credit Card Processing Fee		Category/ Type [REDACTED]
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. Best Western</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 6201 N 24th Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJTC</b> Amount of Each Disbursement this Period 392.51
City Phoenix	State AZ	Zip Code 85016-2023
Purpose of Disbursement Lodging		Category/ Type [REDACTED]
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).....▶	1355.62
<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. Care2.com**

Full Name (Last, First, Middle Initial)

Mailing Address 275 Shoreline Dr  
Ste 300

City Redwood City State CA Zip Code 94065-1490

Purpose of Disbursement Fundraising Consulting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 12 / 2015

FEC Identification Number: C

Transaction ID : VNV499S8YK

Amount of Each Disbursement this Period: 4999.00

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 09 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJTX

Amount of Each Disbursement this Period: 548.33

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 10 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJTY

Amount of Each Disbursement this Period: 548.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6095.66

**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. Carefirst Bluecross/Blueshield</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJTZ</b> Amount of Each Disbursement this Period 548.33
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health Insurance		Category/ Type [REDACTED]
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. Carefirst Bluecross/Blueshield</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJV0'</b> Amount of Each Disbursement this Period 548.33
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health Insurance		Category/ Type [REDACTED]
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. Carefirst Bluecross/Blueshield</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJV1</b> Amount of Each Disbursement this Period 548.33
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health Insurance		Category/ Type [REDACTED]
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).....▶	1644.99
<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. 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: 12 / 09 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJV2

Amount of Each Disbursement this Period: 548.33

Memo Item

**B. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJV3!

Amount of Each Disbursement this Period: 1855.72

Memo Item

**C. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJV4

Amount of Each Disbursement this Period: 1849.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4253.43

**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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2015

FEC Identification Number

C  
Transaction ID : VNV499SJV5  
Amount of Each Disbursement this Period  
1850.78

Memo Item Non-Contribution Account

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

FEC Identification Number

C  
Transaction ID : VNV499SJV6  
Amount of Each Disbursement this Period  
1849.38

Memo Item Non-Contribution Account

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2015

FEC Identification Number

C  
Transaction ID : VNV499SJV7  
Amount of Each Disbursement this Period  
1849.38

Memo Item Non-Contribution Account

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

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

5549.54

**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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2015

FEC Identification Number: C

**Transaction ID : VNV499SJV8**

Amount of Each Disbursement this Period: 1849.38

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

FEC Identification Number: C

**Transaction ID : VNV499RYWF**

Amount of Each Disbursement this Period: 10000.00

Memo Item

**C. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 21 / 2015

FEC Identification Number: C

**Transaction ID : VNV499RXB'**

Amount of Each Disbursement this Period: 465.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ► 12314.83

**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. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2015

FEC Identification Number: C

Transaction ID : VNV499RYX1

Amount of Each Disbursement this Period: 10000.00

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2015

FEC Identification Number: C

Transaction ID : VNV499RZDB

Amount of Each Disbursement this Period: 1079.01

Memo Item

**C. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2015

FEC Identification Number: C

Transaction ID : VNV499S0Y2

Amount of Each Disbursement this Period: 10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 21079.01

**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. Civitas Public Affairs</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015	
Mailing Address 601 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S6ZT</b>	
City Washington	State DC	Zip Code 20005-3805	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement Strategic Consulting Services		Category/Type	Non-Contribution Account
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>B. Civitas Public Affairs</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015	
Mailing Address 601 13th St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S8YM</b>	
City Washington	State DC	Zip Code 20005-3805	Amount of Each Disbursement this Period 770.61
Purpose of Disbursement Travel Reimbursement		Category/Type	Non-Contribution Account
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. Amtrak</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015	
Mailing Address 201 I St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S8YF</b>	
City Washington	State DC	Zip Code 20002-4449	Amount of Each Disbursement this Period 272.00
Purpose of Disbursement Travel		Category/Type	* Non-Contribution Account
Candidate Name		Memo Item <input checked="" 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).....▶	10770.61
<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)

**A. Eventbrite**

Mailing Address 155 5th St  
FI 7

City San Francisco State CA Zip Code 94103-2919

Purpose of Disbursement  
Event Tickets

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 12 / 2015

FEC Identification Number

C   
**Transaction ID : VNV499S8YT**  
Amount of Each Disbursement this Period  
 882.40

\* Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber Technologies**

Mailing Address 182 Howard St  
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 12 / 2015

FEC Identification Number

C   
**Transaction ID : VNV499S8YS**  
Amount of Each Disbursement this Period  
 48.50

\* Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

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

M M M /  D D D /  Y Y Y Y Y Y  
11 / 23 / 2015

FEC Identification Number

C   
**Transaction ID : VNV499SBM**  
Amount of Each Disbursement this Period  
 48.99

Non-Contribution Account

Memo Item

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

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

48.99

# 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. Civitas Public Affairs</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 601 13th St NW		FEC Identification Number <b>C</b>
City Washington	State DC	
Purpose of Disbursement Strategic Consulting Services		Transaction ID : <b>VNV499SJVA</b>
Candidate Name		Amount of Each Disbursement this Period 432.53
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Civitas Public Affairs</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 601 13th St NW		FEC Identification Number <b>C</b>
City Washington	State DC	
Purpose of Disbursement Strategic Consulting Services		Transaction ID : <b>VNV499SJB</b>
Candidate Name		Amount of Each Disbursement this Period 30000.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Civitas Public Affairs</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2015
Mailing Address 601 13th St NW		FEC Identification Number <b>C</b>
City Washington	State DC	
Purpose of Disbursement Strategic Consulting Services		Transaction ID : <b>VNV499SJC</b>
Candidate Name		Amount of Each Disbursement this Period 15000.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	45432.53
<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. Collective Conscience, LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2112 8th St NW  
Apt 524

M M M	/	D D D	/	Y Y Y Y Y
07		20		2015

City Washington State DC Zip Code 20001-8208

FEC Identification Number

Purpose of Disbursement  
Communication Consulting Services

C [REDACTED]

Candidate Name

Transaction ID : VNV499RXBV

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. Collective Conscience, LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2112 8th St NW  
Apt 524

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

City Washington State DC Zip Code 20001-8208

FEC Identification Number

Purpose of Disbursement  
Communication Consulting Services

C [REDACTED]

Candidate Name

Transaction ID : VNV499S3274

Amount of Each Disbursement this Period

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

[REDACTED] 11030.30

State: District:

Non-Contribution Account

Memo Item

### C. Collective Conscience, LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2112 8th St NW  
Apt 524

M M M	/	D D D	/	Y Y Y Y Y
11		09		2015

City Washington State DC Zip Code 20001-8208

FEC Identification Number

Purpose of Disbursement  
Communication Consulting Services

C [REDACTED]

Candidate Name

Transaction ID : VNV499S8W1

Amount of Each Disbursement this Period

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

[REDACTED] 5900.00

State: District:

Non-Contribution Account

Memo Item

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

[REDACTED] 21930.30

**TOTAL** 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. Collective Conscience, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 23 / 2015	
Mailing Address 2112 8th St NW Apt 524				
City Washington	State DC	Zip Code 20001-8208		
Purpose of Disbursement Communication Consulting Services			FEC Identification Number C [REDACTED]	
Candidate Name			Transaction ID : VNV499SJVE Amount of Each Disbursement this Period [REDACTED] 5500.00	
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) ▼		[REDACTED] Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 08 / 2015	
Mailing Address 1030 Delta Blvd				
City Atlanta	State GA	Zip Code 30354-1989		
Purpose of Disbursement Travel			FEC Identification Number C [REDACTED]	
Candidate Name			Transaction ID : VNV499SJVS Amount of Each Disbursement this Period [REDACTED] 179.60	
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) ▼		[REDACTED] Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Dentegra</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 07 / 03 / 2015	
Mailing Address PO Box 1850				
City Alpharetta	State GA	Zip Code 30023-1850		
Purpose of Disbursement Health Insurance			FEC Identification Number C [REDACTED]	
Candidate Name			Transaction ID : VNV499SJV1 Amount of Each Disbursement this Period [REDACTED] 26.82	
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) ▼		[REDACTED] Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[REDACTED] 5706.42
<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. Dentegra**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJVV

Amount of Each Disbursement this Period: 26.82

Memo Item

**B. Dentegra**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJVV

Amount of Each Disbursement this Period: 26.82

Memo Item

**C. Dentegra**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1850

City Alpharetta State GA Zip Code 30023-1850

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJVV

Amount of Each Disbursement this Period: 26.82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 80.46

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. Dentegra</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJVY</b> Amount of Each Disbursement this Period 26.82
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Health Insurance		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. Dentegra</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJVZ</b> Amount of Each Disbursement this Period 26.82
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Health Insurance		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. DiTomasso, Kim, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 428 W 23rd St Apt 2B		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T2TN</b> Amount of Each Disbursement this Period 239.20
City New York	State NY	Zip Code 10011-2142
Purpose of Disbursement In-kind: Travel		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	292.84
<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. Ditto Consulting</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 428 W 23rd St Apt 2B		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBZ Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Purpose of Disbursement Fundraising Consulting Services		FEC Identification Number <b>C</b> Transaction ID : VNV499RYX2 Amount of Each Disbursement this Period 528.12 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) ▼	FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ditto Consulting</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 428 W 23rd St Apt 2B		FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Purpose of Disbursement Fundraising Consulting Services		FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 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) ▼	FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ditto Consulting</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 428 W 23rd St Apt 2B		FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Purpose of Disbursement Fundraising Consulting Services		FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 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) ▼	FEC Identification Number <b>C</b> Transaction ID : VNV499RZD/ Amount of Each Disbursement this Period 8000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16528.12
<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)  
**A. Ditto Consulting**

Date of Disbursement: MM / DD / YYYY  
09 / 18 / 2015

Mailing Address: 428 W 23rd St Apt 2B  
City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services  
Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**  
Transaction ID : **VNV499S23Q**  
Amount of Each Disbursement this Period: 8000.00  
Non-Contribution Account  Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ditto Consulting**

Date of Disbursement: MM / DD / YYYY  
10 / 26 / 2015

Mailing Address: 428 W 23rd St Apt 2B  
City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services  
Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**  
Transaction ID : **VNV499S749f**  
Amount of Each Disbursement this Period: 9180.10  
Non-Contribution Account  Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ditto Consulting**

Date of Disbursement: MM / DD / YYYY  
12 / 18 / 2015

Mailing Address: 428 W 23rd St Apt 2B  
City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services  
Candidate Name: \_\_\_\_\_

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

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**  
Transaction ID : **VNV499SJW**  
Amount of Each Disbursement this Period: 9125.57  
Non-Contribution Account  Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 26305.67

**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. Ditto Consulting**

Date of Disbursement:  /  /

Mailing Address: 428 W 23rd St Apt 2B

City: New York State: NY Zip Code: 10011-2142

Purpose of Disbursement: Fundraising Consulting Services

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number:   
Transaction ID : VNV499SJW:  
Amount of Each Disbursement this Period:   
Non-Contribution Account  Memo Item

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

Date of Disbursement:  /  /

Mailing Address: 333 108th Ave NE Ste 300

City: Bellevue State: WA Zip Code: 98004-5736

Purpose of Disbursement: Travel

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number:   
Transaction ID : VNV499SJW5  
Amount of Each Disbursement this Period:   
Non-Contribution Account  Memo Item

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

Date of Disbursement:  /  /

Mailing Address: 333 108th Ave NE Ste 300

City: Bellevue State: WA Zip Code: 98004-5736

Purpose of Disbursement: Travel

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number:   
Transaction ID : VNV499SJW  
Amount of Each Disbursement this Period:   
Non-Contribution Account  Memo Item

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

**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. Expedia**

Full Name (Last, First, Middle Initial)

Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 17 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SJW7  
Amount of Each Disbursement this Period: 436.35  
Non-Contribution Account  Memo Item

**B. Expedia**

Full Name (Last, First, Middle Initial)

Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 15 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SJW8  
Amount of Each Disbursement this Period: 1171.21  
Non-Contribution Account  Memo Item

**C. Expedia**

Full Name (Last, First, Middle Initial)

Mailing Address 333 108th Ave NE  
Ste 300

City Bellevue State WA Zip Code 98004-5736

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 09 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SJW!  
Amount of Each Disbursement this Period: 653.88  
Non-Contribution Account  Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2261.44

**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. First Data</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 1 Western Maryland Pkwy		FEC Identification Number <b>C</b>
City Hagerstown	State MD	
Purpose of Disbursement Credit Card Processing Fee		Transaction ID : <b>VNV499SJW/</b>
Candidate Name		Amount of Each Disbursement this Period 561.47
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. First Data</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1 Western Maryland Pkwy		FEC Identification Number <b>C</b>
City Hagerstown	State MD	
Purpose of Disbursement Credit Card Processing Fee		Transaction ID : <b>VNV499SJWE</b>
Candidate Name		Amount of Each Disbursement this Period 1159.32
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. First Data</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 1 Western Maryland Pkwy		FEC Identification Number <b>C</b>
City Hagerstown	State MD	
Purpose of Disbursement Credit Card Processing Fee		Transaction ID : <b>VNV499SJW/</b>
Candidate Name		Amount of Each Disbursement this Period 730.20
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

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

2450.99

**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**

Full Name (Last, First, Middle Initial)

**A. First Data**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJWI

Amount of Each Disbursement this Period: 1023.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data**

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJWE

Amount of Each Disbursement this Period: 609.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gay & Lesbian Victory Fund**

Mailing Address 1133 15th St NW Ste 350

City Washington State DC Zip Code 20005-2722

Purpose of Disbursement Event Tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2015

FEC Identification Number: C

Transaction ID : VNV499S8W.

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6632.47

**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. Gilmore, Michael, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 12 / 18 / 2015	
Mailing Address 2301 Fairview Ave E Unit 312				
City Seattle	State WA	Zip Code 98102-6535		
Purpose of Disbursement Fundraising Consulting Services			FEC Identification Number C	
Candidate Name			Transaction ID : VNV499SJX7 Amount of Each Disbursement this Period 7203.64	
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) ▼		Non-Contribution Account <input type="checkbox"/> Memo Item	
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B. Ginny Foat for Mayor</b>			Date of Disbursement M M / D D / Y Y Y Y Y 09 / 11 / 2015	
Mailing Address 673 N Palm Canyon Dr Ste D				
City Palm Springs	State CA	Zip Code 92262-5553		
Purpose of Disbursement Contribution			FEC Identification Number C	
Candidate Name			Transaction ID : VNV499S10Q Amount of Each Disbursement this Period 1000.00	
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) ▼		Non-Contribution Account <input type="checkbox"/> Memo Item	
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>C. Google</b>			Date of Disbursement M M / D D / Y Y Y Y Y 07 / 07 / 2015	
Mailing Address 1600 Amphitheatre Pkwy				
City Mountain View	State CA	Zip Code 94043-1351		
Purpose of Disbursement Software			FEC Identification Number C	
Candidate Name			Transaction ID : VNV499SJW. Amount of Each Disbursement this Period 26.92	
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) ▼		Non-Contribution Account <input type="checkbox"/> Memo Item	
State: _____ District: _____				

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

8230.56

**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. Google</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b>
City Mountain View	State CA	
Purpose of Disbursement Software		Transaction ID : <b>VNV499SJW1</b>
Candidate Name		Amount of Each Disbursement this Period 26.92
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b>
City Mountain View	State CA	
Purpose of Disbursement Software		Transaction ID : <b>VNV499SJW1</b>
Candidate Name		Amount of Each Disbursement this Period 26.92
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Google</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2015
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b>
City Mountain View	State CA	
Purpose of Disbursement Software		Transaction ID : <b>VNV499SJW1</b>
Candidate Name		Amount of Each Disbursement this Period 26.92
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80.76
<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. Google</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJWF</b> Amount of Each Disbursement this Period 26.92 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Software	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. Google</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJWC</b> Amount of Each Disbursement this Period 26.92 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Software	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. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499RXB;</b> Amount of Each Disbursement this Period 2484.83 Non-Contribution Account <input type="checkbox"/> Memo Item
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:	

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

2538.67

**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 09 / 15 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S23M</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 64.26
Candidate Name		Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S23N!</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 2689.74
Candidate Name		Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S70S</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 1179.96
Candidate Name		Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3933.96
<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. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499S81F</b> Amount of Each Disbursement this Period 1746.05 Non-Contribution Account <input type="checkbox"/> Memo Item
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:	

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SBM5</b> Amount of Each Disbursement this Period 306.00 Non-Contribution Account <input type="checkbox"/> Memo Item
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:	

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJW</b> Amount of Each Disbursement this Period 1294.34 Non-Contribution Account <input type="checkbox"/> Memo Item
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3346.39
<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. Heritage House</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 7 Center St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJWz</b> Amount of Each Disbursement this Period 814.45
City Provincetown	State MA	Zip Code 02657-2309
Purpose of Disbursement Lodging		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. Jackie for Mayor</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address PO Box 521405		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S23S'</b> Amount of Each Disbursement this Period 500.00
City Salt Lake City	State UT	Zip Code 84152-1405
Purpose of Disbursement Contribution		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. John Agnesini Graphic Design</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 1843 N Cherokee Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJX1</b> Amount of Each Disbursement this Period 750.00
City Los Angeles	State CA	Zip Code 90028-4753
Purpose of Disbursement Printing		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).....▶	2064.45
<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. McCabe for Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address PO Box 4332		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S23R</b>
City Ashburn	State VA	Zip Code 20148-0017
Purpose of Disbursement Non-federal Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mindset</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1220 N Fillmore St Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S4G8</b>
City Arlington	State VA	Zip Code 22201-6501
Purpose of Disbursement Consulting: Fundraising Services		Amount of Each Disbursement this Period [REDACTED] 6000.00
Candidate Name		Category/Type [REDACTED]
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)	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mindset</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 1220 N Fillmore St Ste 400		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499RZD</b>
City Arlington	State VA	Zip Code 22201-6501
Purpose of Disbursement Consulting: Fundraising Services		Amount of Each Disbursement this Period [REDACTED] 6000.00
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 13000.00
<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**

**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  
09 / 08 / 2015

FEC Identification Number: **C**

Transaction ID : **VNV499S0Y4**

Amount of Each Disbursement this Period: 6000.00

Memo Item

**B. 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  
10 / 08 / 2015

FEC Identification Number: **C**

Transaction ID : **VNV499S70R!**

Amount of Each Disbursement this Period: 6000.00

Memo Item

**C. 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  
12 / 18 / 2015

FEC Identification Number: **C**

Transaction ID : **VNV499SJX8**

Amount of Each Disbursement this Period: 6000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18000.00

**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**

Full Name (Last, First, Middle Initial) <b>A. Mission Control Inc</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 624 Hebron Ave Bldg 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SDE7</b> Amount of Each Disbursement this Period 845.00
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Disbursement Printing		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. Mission Control Inc</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 624 Hebron Ave Bldg 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJX9I</b> Amount of Each Disbursement this Period 715.00
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Disbursement Printing		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. NARAL Pro-Choice Virginia</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 901 N Washington St Ste 603		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S6ZS</b> Amount of Each Disbursement this Period 5115.00
City Alexandria	State VA	Zip Code 22314-1535
Purpose of Disbursement Campaign Contribution		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).....▶	6675.00
<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. New York Times**

Full Name (Last, First, Middle Initial)

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJXB

Amount of Each Disbursement this Period: 37.01

Memo Item

**B. New York Times**

Full Name (Last, First, Middle Initial)

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJXC

Amount of Each Disbursement this Period: 37.01

Memo Item

**C. New York Times**

Full Name (Last, First, Middle Initial)

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJXL

Amount of Each Disbursement this Period: 37.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 111.03

**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. New York Times</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2015
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXE</b> Amount of Each Disbursement this Period 37.01
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		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 Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2015
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXF</b> Amount of Each Disbursement this Period 37.01
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		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 Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXC</b> Amount of Each Disbursement this Period 37.01
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		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 Non-Contribution Account	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	111.03
<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. 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: 07 / 27 / 2015

FEC Identification Number: C  
Transaction ID : VNV499RXB1  
Amount of Each Disbursement this Period: 1050.00  
Non-Contribution Account  Memo Item

**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: 08 / 03 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SJXH  
Amount of Each Disbursement this Period: 150.00  
Non-Contribution Account  Memo Item

**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: 11 / 02 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SJXJ  
Amount of Each Disbursement this Period: 150.00  
Non-Contribution Account  Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1350.00

**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**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SCTV</b> Amount of Each Disbursement this Period 1050.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-5006		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SCTV</b> Amount of Each Disbursement this Period 1050.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Software		
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) ▼	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SCTV</b> Amount of Each Disbursement this Period 1050.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State:	District:	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 264 E Kenilworth Ave		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJXR</b> Amount of Each Disbursement this Period 7567.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Villa Park	State IL	
Zip Code 60181-5502		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJXR</b> Amount of Each Disbursement this Period 7567.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Website Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJXR</b> Amount of Each Disbursement this Period 7567.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State:	District:	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 264 E Kenilworth Ave		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499S0Y3</b> Amount of Each Disbursement this Period 1020.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Villa Park	State IL	
Zip Code 60181-5502		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499S0Y3</b> Amount of Each Disbursement this Period 1020.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Website Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number <b>C</b> <b>Transaction ID : VNV499S0Y3</b> Amount of Each Disbursement this Period 1020.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State:	District:	
Category/Type		

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

9637.00

**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**

Full Name (Last, First, Middle Initial) <b>A. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S81G</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period [REDACTED] 160.00
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S8YJI</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period [REDACTED] 149.50
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXC</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Services		Amount of Each Disbursement this Period [REDACTED] 143.00
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 452.50
<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. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXX</b> Amount of Each Disbursement this Period 85.56 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		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 07 / 01 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXY</b> Amount of Each Disbursement this Period 2123.46 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 07 / 16 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJXZ</b> Amount of Each Disbursement this Period 105.13 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		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:		

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

2314.15

**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 07 / 16 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJY0</b> Amount of Each Disbursement this Period 2123.45 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>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJY1!</b> Amount of Each Disbursement this Period 2123.46 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 07 / 31 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJY2</b> Amount of Each Disbursement this Period 85.56 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing Fee	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).....▶	4332.47
<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. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJY3</b> Amount of Each Disbursement this Period [REDACTED] 110.56 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		Category/ Type [REDACTED]
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 08 / 14 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJY4!</b> Amount of Each Disbursement this Period [REDACTED] 2123.46 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
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 09 / 01 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJY5</b> Amount of Each Disbursement this Period [REDACTED] 2123.45 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
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] 4357.47
<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. Paychex</b>			Date of Disbursement MM / DD / YYYY 09 / 01 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			<input type="checkbox"/> 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:		FEC Identification Number <input type="checkbox"/> <b>C</b> [REDACTED] <b>Transaction ID : VNV499SJY6</b> Amount of Each Disbursement this Period [REDACTED] 85.56 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>			Date of Disbursement MM / DD / YYYY 09 / 15 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			<input type="checkbox"/> 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:		FEC Identification Number <input type="checkbox"/> <b>C</b> [REDACTED] <b>Transaction ID : VNV499SJY7:</b> Amount of Each Disbursement this Period [REDACTED] 116.84 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>			Date of Disbursement MM / DD / YYYY 09 / 15 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Taxes			<input type="checkbox"/> 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:		FEC Identification Number <input type="checkbox"/> <b>C</b> [REDACTED] <b>Transaction ID : VNV499SJY8</b> Amount of Each Disbursement this Period [REDACTED] 2123.46 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2325.86
<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. 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: 10 / 01 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJY9

Amount of Each Disbursement this Period: 2123.46

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 Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJYA

Amount of Each Disbursement this Period: 91.84

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 Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJYE

Amount of Each Disbursement this Period: 111.41

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2326.71

**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 10 / 15 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYC</b> Amount of Each Disbursement this Period 2123.45
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYD</b> Amount of Each Disbursement this Period 2123.46
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYE</b> Amount of Each Disbursement this Period 91.84
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		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).....▶	4338.75
<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**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>			Date of Disbursement MM / DD / YYYY 11 / 13 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			<input type="checkbox"/> 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:		FEC Identification Number <b>C</b> Transaction ID : VNV499SJYF Amount of Each Disbursement this Period 91.84 Non-Contribution Account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>			Date of Disbursement MM / DD / YYYY 11 / 13 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Taxes			<input type="checkbox"/> 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:		FEC Identification Number <b>C</b> Transaction ID : VNV499SJYG Amount of Each Disbursement this Period 2123.47 Non-Contribution Account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>			Date of Disbursement MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Taxes			<input type="checkbox"/> 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:		FEC Identification Number <b>C</b> Transaction ID : VNV499SJYF Amount of Each Disbursement this Period 2123.47 Non-Contribution Account <input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4338.78
<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. Paychex</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYJ</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 Fee		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 12 / 15 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYK</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 Fee		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 12 / 15 / 2015
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJM</b> Amount of Each Disbursement this Period 2123.46 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:		

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

2307.14

**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 12 / 31 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester	State NY	Zip Code 14625-2396	FEC Identification Number <b>C</b>	
Purpose of Disbursement Payroll Taxes			Transaction ID : <b>VNV499SJYN</b>	
Candidate Name			Amount of Each Disbursement this Period 2123.45	
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) ▼		Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>			Date of Disbursement MM / DD / YYYY 12 / 31 / 2015	
Mailing Address 911 Panorama Trl S				
City Rochester	State NY	Zip Code 14625-2396	FEC Identification Number <b>C</b>	
Purpose of Disbursement Payroll Processing Fee			Transaction ID : <b>VNV499SJYP</b>	
Candidate Name			Amount of Each Disbursement this Period 91.84	
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) ▼		Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PCMS, LLC</b>			Date of Disbursement MM / DD / YYYY 07 / 02 / 2015	
Mailing Address 1050 17th St NW Ste 590				
City Washington	State DC	Zip Code 20036-5592	FEC Identification Number <b>C</b>	
Purpose of Disbursement Accounting Services			Transaction ID : <b>VNV499RYW</b>	
Candidate Name			Amount of Each Disbursement this Period 1224.03	
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) ▼		Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3439.32
<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. 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: 08 / 17 / 2015

FEC Identification Number: C

Transaction ID : VNV499RZDE

Amount of Each Disbursement this Period: 2767.36

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: 09 / 08 / 2015

FEC Identification Number: C

Transaction ID : VNV499S0Y1:

Amount of Each Disbursement this Period: 1294.41

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: 10 / 08 / 2015

FEC Identification Number: C

Transaction ID : VNV499S70N

Amount of Each Disbursement this Period: 1393.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5455.19

**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. 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: 10 / 08 / 2015

FEC Identification Number: C

Transaction ID : VNV499S70P

Amount of Each Disbursement this Period: 73.34

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: 11 / 12 / 2015

FEC Identification Number: C

Transaction ID : VNV499S8YH

Amount of Each Disbursement this Period: 1400.51

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: 12 / 23 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJYC

Amount of Each Disbursement this Period: 1308.43

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2782.28

**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. Podlodowski, Tina, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1620 7th Ave W		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SK3W</b>
City Seattle	State WA	Zip Code 98119-2919
Purpose of Disbursement In-kind Catering		Amount of Each Disbursement this Period [REDACTED] 2268.13
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Practice Makes Progress</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 1875 Connecticut Ave NW FI 10		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S8YZ:</b>
City Washington	State DC	Zip Code 20009-5728
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period [REDACTED] 1256.25
Candidate Name		Category/Type [REDACTED]
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)	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Practice Makes Progress</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 1875 Connecticut Ave NW FI 10		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYF</b>
City Washington	State DC	Zip Code 20009-5728
Purpose of Disbursement Fundraising Consulting Services		Amount of Each Disbursement this Period [REDACTED] 2381.25
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5905.63
<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. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499S0Y0</b> Amount of Each Disbursement this Period 3441.75 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	
Zip Code 20175-3621		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499S23P</b> Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Insurance Services	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SK3</b> Amount of Each Disbursement this Period 1024.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pritchett for Auditor</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address PO Box 16425		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499S23P</b> Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Jackson	State MS	
Zip Code 39236-6425		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SK3</b> Amount of Each Disbursement this Period 1024.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Non-federal Contribution	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SK3</b> Amount of Each Disbursement this Period 1024.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ritchie, Alix, L, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address PO Box 30220		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SK3</b> Amount of Each Disbursement this Period 1024.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Fort Lauderdale	State FL	
Zip Code 33303-0220		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SK3</b> Amount of Each Disbursement this Period 1024.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement In-kind Printing advertising	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number <b>C</b> Transaction ID : <b>VNV499SK3</b> Amount of Each Disbursement this Period 1024.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5465.75
<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**

Full Name (Last, First, Middle Initial) <b>A. Sage Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 725 Cerrillos Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYW</b>
City Santa Fe	State NM	Zip Code 87505-3029
Purpose of Disbursement Site rental		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sage Inn</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 725 Cerrillos Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJYX</b>
City Santa Fe	State NM	Zip Code 87505-3029
Purpose of Disbursement Site rental		Amount of Each Disbursement this Period [REDACTED] 567.53
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SK2I</b>
City Rockville	State MD	Zip Code 20855-2295
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period [REDACTED] 3483.31
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 4550.84
<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. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBJ Amount of Each Disbursement this Period 186.69 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBN Amount of Each Disbursement this Period 84.13 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Travel Reimbursements see below if itemized		
Candidate Name		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBI Amount of Each Disbursement this Period 14.37 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 620 8th Ave		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBN Amount of Each Disbursement this Period 84.13 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10018-1618		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBI Amount of Each Disbursement this Period 14.37 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Subscription		
Candidate Name		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBJ Amount of Each Disbursement this Period 186.69 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 182 Howard St Ste 8		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBI Amount of Each Disbursement this Period 14.37 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94105-1611		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBJ Amount of Each Disbursement this Period 186.69 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Travel		
Candidate Name		FEC Identification Number <b>C</b> Transaction ID : VNV499RXBN Amount of Each Disbursement this Period 84.13 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

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

186.69

**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 07 / 16 / 2015	
Mailing Address 15955 Frederick Rd Apt 1308			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJTH</b> Amount of Each Disbursement this Period 3483.32	
City Rockville	State MD	Zip Code 20855-2295	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. Shipp, Elizabeth, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 30 / 2015	
Mailing Address 15955 Frederick Rd Apt 1308			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499SJTH</b> Amount of Each Disbursement this Period 3483.31	
City Rockville	State MD	Zip Code 20855-2295	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. Shipp, Elizabeth, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 31 / 2015	
Mailing Address 15955 Frederick Rd Apt 1308			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499S4FX</b> Amount of Each Disbursement this Period 750.29	
City Rockville	State MD	Zip Code 20855-2295	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel reimbursement, see below if itemized		Category/ Type [REDACTED]	Non-Contribution Account <input type="checkbox"/>	
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) ▼		Memo Item <input type="checkbox"/>	
State: District:			Memo Item <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7716.92
<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. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 31 / 2015

FEC Identification Number: C

Transaction ID : VNV499S4FY

Amount of Each Disbursement this Period: 483.70

\* Non-Contribution Account

Memo Item

**B. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd  
# MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 31 / 2015

FEC Identification Number: C

Transaction ID : VNV499S4G7

Amount of Each Disbursement this Period: 28.00

\* Non-Contribution Account

Memo Item

**C. Orbitz**

Full Name (Last, First, Middle Initial)

Mailing Address 500 W Madison St

City Chicago State IL Zip Code 60661-2559

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 31 / 2015

FEC Identification Number: C

Transaction ID : VNV499S4FZ

Amount of Each Disbursement this Period: 13.98

\* Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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**

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJTK</b> Amount of Each Disbursement this Period 3483.31 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJTN</b> Amount of Each Disbursement this Period 3483.32 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Payroll	Zip Code 20855-2295	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499S10T</b> Amount of Each Disbursement this Period 572.77 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Travel reimbursement, see below if itemized	Zip Code 20855-2295	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

7539.40

**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. Delta Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2015

FEC Identification Number: C

Transaction ID : VNV499S10W

Amount of Each Disbursement this Period: 410.60

\* Non-Contribution Account

Memo Item

**B. Orbitz**

Full Name (Last, First, Middle Initial)

Mailing Address 500 W Madison St

City Chicago State IL Zip Code 60661-2559

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 08 / 2015

FEC Identification Number: C

Transaction ID : VNV499S10Z

Amount of Each Disbursement this Period: 150.00

\* Non-Contribution Account

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2015

FEC Identification Number: C

Transaction ID : VNV499SK2V

Amount of Each Disbursement this Period: 3483.31

Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3483.31

**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. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 01 / 2015

FEC Identification Number: C

Transaction ID : VNV499SK2X

Amount of Each Disbursement this Period: 3483.31

Memo Item

**B. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Expense Reimbursement see below if itemized

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2015

FEC Identification Number: C

Transaction ID : VNV499S700f

Amount of Each Disbursement this Period: 154.27

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJTF

Amount of Each Disbursement this Period: 3483.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7120.90

**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. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SK2Y</b> Amount of Each Disbursement this Period 3483.31 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		Category/ Type
Purpose of Disbursement Payroll		
Candidate Name		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 11 / 13 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SK2Z</b> Amount of Each Disbursement this Period 3483.32 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		Category/ Type
Purpose of Disbursement Payroll		
Candidate Name		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 11 / 30 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SK3c</b> Amount of Each Disbursement this Period 3483.30 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		Category/ Type
Purpose of Disbursement Payroll		
Candidate Name		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).....▶	10449.93
<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. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Travel Reimbursement, see below if itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 01 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SK33  
Amount of Each Disbursement this Period: 633.04  
Non-Contribution Account  
 Memo Item

**B. Southwest Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 01 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SK3Q  
Amount of Each Disbursement this Period: 285.00  
\* Non-Contribution Account  
 Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 15 / 2015

FEC Identification Number: C  
Transaction ID : VNV499SK31  
Amount of Each Disbursement this Period: 3483.31  
Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4116.35

**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. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SK32</b> Amount of Each Disbursement this Period 3483.32 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SK32</b> Amount of Each Disbursement this Period 3483.32 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Payroll		
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SK32</b> Amount of Each Disbursement this Period 3483.32 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SkipJack</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 10150 York Rd FI 5		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJYY</b> Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
City Hunt Valley	State MD	
Zip Code 21030-3354		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJYY</b> Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Insurance		
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJYY</b> Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SkipJack</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 10150 York Rd FI 5		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJY2</b> Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
City Hunt Valley	State MD	
Zip Code 21030-3354		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJY2</b> Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Insurance		
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499SJY2</b> Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

5854.56

**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. SkipJack**

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2015

FEC Identification Number

C  
Transaction ID : VNV499SJZ0  
Amount of Each Disbursement this Period  
1185.62

Memo Item Non-Contribution Account

Full Name (Last, First, Middle Initial)

**B. Sonoma**

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement Catering

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2015

FEC Identification Number

C  
Transaction ID : VNV499SK3R  
Amount of Each Disbursement this Period  
5855.66

Memo Item Non-Contribution Account

Full Name (Last, First, Middle Initial)

**C. Staples Inc.**

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

MM / DD / YYYY  
07 / 15 / 2015

FEC Identification Number

C  
Transaction ID : VNV499SJZ1  
Amount of Each Disbursement this Period  
51.93

Memo Item Non-Contribution Account

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

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

7093.21



# 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: 09 / 02 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJZ2

Amount of Each Disbursement this Period: 10.95

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: 09 / 22 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJZ3

Amount of Each Disbursement this Period: 9.53

Memo Item

**C. Town Hall Foundation Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 123 W 43rd St

City New York State NY Zip Code 10036-6586

Purpose of Disbursement Site Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2015

FEC Identification Number: C

Transaction ID : VNV499RZD

Amount of Each Disbursement this Period: 4000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4020.48

**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. Tropicana</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 2831 Boardwalk		FEC Identification Number <b>C</b>
City Atlantic City	State NJ	
Purpose of Disbursement Lodging		Transaction ID : <b>VNV499SJZE</b> Amount of Each Disbursement this Period 95.20
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) ▼	Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tropicana</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2015
Mailing Address 2831 Boardwalk		FEC Identification Number <b>C</b>
City Atlantic City	State NJ	
Purpose of Disbursement Lodging		Transaction ID : <b>VNV499SJZF</b> Amount of Each Disbursement this Period 313.93
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) ▼	Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 182 Howard St Ste 8		FEC Identification Number <b>C</b>
City San Francisco	State CA	
Purpose of Disbursement Travel		Transaction ID : <b>VNV499SJJH</b> Amount of Each Disbursement this Period 12.46
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) ▼	Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	421.59
<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. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 182 Howard St Ste 8		FEC Identification Number <b>C</b> Transaction ID : VNV499SJZJ Amount of Each Disbursement this Period 5.93 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	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. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 182 Howard St Ste 8		FEC Identification Number <b>C</b> Transaction ID : VNV499SJZK Amount of Each Disbursement this Period 46.90 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	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. Uber Technologies</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 182 Howard St Ste 8		FEC Identification Number <b>C</b> Transaction ID : VNV499SJZM Amount of Each Disbursement this Period 103.40 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Zip Code 94105-1611	Purpose of Disbursement Travel	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:	

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

156.23

**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. Uber Technologies**

Full Name (Last, First, Middle Initial)

Mailing Address 182 Howard St  
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJZN

Amount of Each Disbursement this Period: 84.67

Memo Item

**B. Uber Technologies**

Full Name (Last, First, Middle Initial)

Mailing Address 182 Howard St  
Ste 8

City San Francisco State CA Zip Code 94105-1611

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJZP

Amount of Each Disbursement this Period: 13.76

Memo Item

**C. United Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-6462

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2015

FEC Identification Number: C

Transaction ID : VNV499SJZF

Amount of Each Disbursement this Period: 518.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	616.43
<b>TOTAL</b> This Period (last page this line number only).....▶	386562.74