

**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 1363
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TOD COHEN
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer STUBHUB Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : INCA1839

Amount of Each Receipt this Period
 250.00

B. TOD COHEN
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer STUBHUB Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : INCA1837

Amount of Each Receipt this Period
 250.00

C. TOD COHEN
Full Name (Last, First, Middle Initial)

Mailing Address 839 MELVILLE AVENUE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer STUBHUB Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : INCA1835

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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