



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Tri-State Maxed-Out Women**

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="2022"/>	<input type="text" value=""/>	<input type="text" value="60927.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="169965.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30150.25"/>	<input type="text" value="380826.77"/>
(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="200115.43"/>	<input type="text" value="441753.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="43808.26"/>	<input type="text" value="285446.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="156307.17"/>	<input type="text" value="156307.17"/>
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

**Tri-State Maxed-Out Women**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25100.00	308369.14
(ii) Unitemized .....	50.00	642.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25150.00	309011.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	25150.00	309011.64
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).....	0.00	333.30
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5000.25	71481.83
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)).....▶	30150.25	380826.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30150.25	380826.77

**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 .....	7813.81	74787.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7813.81	74787.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30250.00	159258.32
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5744.45	51400.48
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)) ..	43808.26	285446.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43808.26	285446.74

**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) .....	25150.00	309011.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25150.00	309011.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	7813.81	74787.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	333.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7813.81	74454.64

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

Form/Schedule: F3XA  
Transaction ID :

This report is being amended to correct an error where a candidate contribution to Val Hoyle for Congress was reported on the incorrect line.

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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1500 Hudson St  
Apt 10I

City Hoboken State NJ Zip Code 07030-6749

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2022

**Transaction ID : 4208643**

Amount of Each Receipt this Period  
1500.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2022

**Transaction ID : 4208643E**

Amount of Each Receipt this Period  
1500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 6899 Collins Ave

City Miami Beach State FL Zip Code 33141-7400

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

Name of Employer (for Individual) Sunny & Abe Rosenberg Foundation Occupation (for Individual) Philanthropist

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2022

**Transaction ID : 4186005**

Amount of Each Receipt this Period  
1500.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Tri-State Maxed-Out Women**

**A. ACTBLUE**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2022

**Transaction ID : 4186005E**

Amount of Each Receipt this Period  
1500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Hess, Anne, , ,**

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

Mailing Address 214 E 18Th St

City New York	State NY	Zip Code 10003-3605
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2022

**Transaction ID : 4208638**

Amount of Each Receipt this Period  
1100.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2022

**Transaction ID : 4208638E**

Amount of Each Receipt this Period  
1100.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 9 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kauffmann, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Central Park W  
 Apt 23C  
 City New York State NY Zip Code 10023-6296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 04 / 2022  
**Transaction ID : 4208636**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Laufer, Marsha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 S Ocean Blvd  
 City Lantana State FL Zip Code 33462-6222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 13 / 2022  
**Transaction ID : 4186006**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**C. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 19050.00

Date of Receipt 08 / 15 / 2022  
**Transaction ID : 4186006E**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Louvet, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 Orienta Ave  
 City Mamaroneck State NY Zip Code 10543-4314  
 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 ▼ 3000.00

Date of Receipt **08 / 09 / 2022**  
**Transaction ID : 4186001**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 19050.00

Date of Receipt **08 / 15 / 2022**  
**Transaction ID : 4186001E**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Masters, Cindy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Sands Light Rd  
 City Sands Point State NY Zip Code 11050-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **08 / 08 / 2022**  
**Transaction ID : 4186000**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

**Transaction ID : 4186000E**

Amount of Each Receipt this Period  
1500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Morrone, Julie, , ,**

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

Mailing Address 344 E Hyerdale Dr

City Goshen	State CT	Zip Code 06756-1918
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rosemawr Mgmt	Occupation (for Individual) Public Finance
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2022

**Transaction ID : 4186004**

Amount of Each Receipt this Period  
1100.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2022

**Transaction ID : 4186004E**

Amount of Each Receipt this Period  
1100.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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:	PAGE 12 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Patterson, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Rocky Brook Rd  
 City Cold Spring State NY Zip Code 10516-4321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 22 / 2022  
**Transaction ID : 4208640**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item

**B. Reese, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 830 Park Ave  
 City New York State NY Zip Code 10021-2757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 30 / 2022  
**Transaction ID : 4208641**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**C. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 19050.00

Date of Receipt 08 / 31 / 2022  
**Transaction ID : 4208641E**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2200.00
<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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Tri-State Maxed-Out Women**

**A. Sachs, Sheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Simmons Ln  
 City Greenwich State CT Zip Code 06830-3336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 08 / 27 / 2022  
**Transaction ID : 4208642**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 441146  
 City West Somerville State MA Zip Code 02144-0031  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 19050.00

Date of Receipt 08 / 29 / 2022  
**Transaction ID : 4208642E**  
 Amount of Each Receipt this Period 1100.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Stein, Marion, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Douglass St  
 City Brooklyn State NY Zip Code 11231-4714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 08 / 21 / 2022  
**Transaction ID : 4208639**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2022

**Transaction ID : 4208639E**

Amount of Each Receipt this Period  
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Still, Carol, , ,**

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

Mailing Address 586 Fiddlers Bridge Rd

City Staatsburg	State NY	Zip Code 12580-6205
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2022

**Transaction ID : 4190649**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. Zaccaro, Donna, , ,**

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

Mailing Address 79 Second Hill Rd

City Bridgewater	State CT	Zip Code 06752-1016
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Dazzling Media LLC	Occupation (for Individual) Documentary Filmmaker
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2022

**Transaction ID : 4185999**

Amount of Each Receipt this Period  
1100.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<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: PAGE 15 OF 32  
(check only one)

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

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

**A. ACTBLUE**

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

Mailing Address PO Box 441146

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
19050.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		08		2022

**Transaction ID : 4185999E**

Amount of Each Receipt this Period  
1100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**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).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	25100.00

# 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 16 OF 32
<input 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 checked="" type="checkbox"/> 17	

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

**A. ABBY FOR IOWA**

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

Mailing Address PO Box 1843

City Cedar Rapids	State IA	Zip Code 52406-1843
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00785279

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 M	/	D D D	/	Y Y Y Y Y Y
08		31		2022

**Transaction ID : 4208637**

Amount of Each Receipt this Period  
5000.00

Memo Item

Refund of General 2022 Contribution

**B.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

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 B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2022

Mailing Address PO Box 441146

FEC Identification Number

C	C00401224
---	-----------

**Transaction ID : 500123783**

Amount of Each Disbursement this Period

45.43
-------

Memo Item

City

West Somerville

State

MA

Zip Code

02144-0031

Purpose of Disbursement

PAC Credit Card 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. ActBlue Technical Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2022

Mailing Address PO Box 441146

FEC Identification Number

C	C00401224
---	-----------

**Transaction ID : 500123784**

Amount of Each Disbursement this Period

477.95
--------

Memo Item

City

West Somerville

State

MA

Zip Code

02144-0031

Purpose of Disbursement

PAC Credit Card 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)

**C. ActBlue Technical Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2022

Mailing Address PO Box 441146

FEC Identification Number

C	C00401224
---	-----------

**Transaction ID : 500124077**

Amount of Each Disbursement this Period

82.95
-------

Memo Item

City

West Somerville

State

MA

Zip Code

02144-0031

Purpose of Disbursement

PAC Credit Card 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)..... ▶

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

606.33
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	2

FEC Identification Number

**C** C00401224

**Transaction ID : 500124078**

Amount of Each Disbursement this Period

102.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

Purpose of Disbursement  
PAC Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00401224

**Transaction ID : 500124079**

Amount of Each Disbursement this Period

43.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. Amazon.Com**

Mailing Address 410 Terry Ave N

City  
Seattle

State  
WA

Zip Code  
98109-5210

Purpose of Disbursement  
PAC Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	2

FEC Identification Number

**C**

**Transaction ID : 500123763**

Amount of Each Disbursement this Period

148.05

Memo Item

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

294.20

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Bloomingdale's**

Mailing Address 1000 3Rd Ave

City  
New York

State  
NY

Zip Code  
10022-4276

Purpose of Disbursement  
PAC Thank You Gift

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500123744**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bread N Wine NY**

Mailing Address 1417 Lexington Ave

City  
New York

State  
NY

Zip Code  
10128-1613

Purpose of Disbursement  
PAC Meeting Food and Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500123760**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bread N Wine NY**

Mailing Address 1417 Lexington Ave

City  
New York

State  
NY

Zip Code  
10128-1613

Purpose of Disbursement  
PAC Meeting Food and Beverage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 500123740**

Amount of Each Disbursement this Period

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

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

**A. Chase Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017-2014

Purpose of Disbursement PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2022

FEC Identification Number: C

Transaction ID : 500123769

Amount of Each Disbursement this Period: 15.00

Memo Item

**B. Chase Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017-2014

Purpose of Disbursement PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2022

FEC Identification Number: C

Transaction ID : 500123761

Amount of Each Disbursement this Period: 15.00

Memo Item

**C. Chase Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017-2014

Purpose of Disbursement PAC Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2022

FEC Identification Number: C

Transaction ID : 500123746

Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 45.00

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

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

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2022

Mailing Address 270 Park Ave

FEC Identification Number

**C** [ ]

**Transaction ID : 500123742**

Amount of Each Disbursement this Period

[ ] 15.00

Memo Item

City New York State NY Zip Code 10017-2014

Purpose of Disbursement  
PAC Bank Fees

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2022

Mailing Address 270 Park Ave

FEC Identification Number

**C** [ ]

**Transaction ID : 500124083**

Amount of Each Disbursement this Period

[ ] 15.00

Memo Item

City New York State NY Zip Code 10017-2014

Purpose of Disbursement  
PAC Bank Fees

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Cook Political Report**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2022

Mailing Address 600 New Hampshire Ave NW

FEC Identification Number

**C** [ ]

**Transaction ID : 500123747**

Amount of Each Disbursement this Period

[ ] 35.00

Memo Item

City Washington State DC Zip Code 20037-2403

Purpose of Disbursement  
PAC Subscription

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 65.00

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Curb Mobility LLC**

Mailing Address 1111 34Th Ave

City  
Long Island City

State  
NY

Zip Code  
11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2022			

FEC Identification Number

C [ ]

**Transaction ID : 500123767**

Amount of Each Disbursement this Period

[ ] 14.04

Memo Item

Full Name (Last, First, Middle Initial)

**B. Curb Mobility LLC**

Mailing Address 1111 34Th Ave

City  
Long Island City

State  
NY

Zip Code  
11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			08			2022			

FEC Identification Number

C [ ]

**Transaction ID : 500123762**

Amount of Each Disbursement this Period

[ ] 8.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. Curb Mobility LLC**

Mailing Address 1111 34Th Ave

City  
Long Island City

State  
NY

Zip Code  
11106-4923

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			09			2022			

FEC Identification Number

C [ ]

**Transaction ID : 500123755**

Amount of Each Disbursement this Period

[ ] 13.39

Memo Item

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

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

[ ] 35.62

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 10 / 2022

FEC Identification Number: C

Transaction ID : 500123754

Amount of Each Disbursement this Period: 29.16

Memo Item

**B. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 11 / 2022

FEC Identification Number: C

Transaction ID : 500123753

Amount of Each Disbursement this Period: 15.99

Memo Item

**C. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 15 / 2022

FEC Identification Number: C

Transaction ID : 500123750

Amount of Each Disbursement this Period: 21.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 66.15

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

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

**A. Curb Mobility LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1111 34Th Ave

City Long Island City State NY Zip Code 11106-4923

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2022

FEC Identification Number: C

Transaction ID : 500123743

Amount of Each Disbursement this Period: 16.62

Memo Item

**B. Dickstein Sudolsky, Marcia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave FI 9

City New York State NY Zip Code 10022-8606

Purpose of Disbursement PAC Administrative Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2022

FEC Identification Number: C

Transaction ID : 500124084

Amount of Each Disbursement this Period: 5208.50

Memo Item

**C. Drucker, Amanda, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Saint Marks Pl Apt 2D

City New York State NY Zip Code 10003-8031

Purpose of Disbursement PAC Administrative Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2022

FEC Identification Number: C

Transaction ID : 500124081

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5725.12

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NYC Taxi**

Full Name (Last, First, Middle Initial)

Mailing Address 33 Beaver St

City New York State NY Zip Code 10004-2736

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2022

FEC Identification Number: C

Transaction ID : 500123766

Amount of Each Disbursement this Period: 16.55

Memo Item

**B. NYC Taxi**

Full Name (Last, First, Middle Initial)

Mailing Address 33 Beaver St

City New York State NY Zip Code 10004-2736

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2022

FEC Identification Number: C

Transaction ID : 500123764

Amount of Each Disbursement this Period: 16.00

Memo Item

**C. NYC Taxi**

Full Name (Last, First, Middle Initial)

Mailing Address 33 Beaver St

City New York State NY Zip Code 10004-2736

Purpose of Disbursement PAC Travel Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2022

FEC Identification Number: C

Transaction ID : 500123751

Amount of Each Disbursement this Period: 25.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 57.90

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

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

**A. Tal Bagels**

Full Name (Last, First, Middle Initial)

Mailing Address 1228 Lexington Ave

City New York State NY Zip Code 10028-1407

Purpose of Disbursement PAC Event Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 22 / 2022

FEC Identification Number: C

Transaction ID : 500123741

Amount of Each Disbursement this Period: 325.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7445.63

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Andrea Salinas For Oregon</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2022
Mailing Address PO Box 230985		FEC Identification Number C 000793703 <b>Transaction ID : 500123771</b> Amount of Each Disbursement this Period 2500.00
City Tigard	State OR	Zip Code 97281-0985
Purpose of Disbursement PAC Political Contribution		Category/ Type
Candidate Name <b>Salinas, Andrea, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Bridget Fleming For Congress</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2022
Mailing Address PO Box 2009		FEC Identification Number C 000728832 <b>Transaction ID : 500123772</b> Amount of Each Disbursement this Period 2500.00
City Sag Harbor	State NY	Zip Code 11963-0999
Purpose of Disbursement PAC Political Contribution		Category/ Type
Candidate Name <b>FLEMING, BRIDGET, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) August Primary	
State: NY	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Brittany Pettersen For Colorado</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2022
Mailing Address PO Box 150887		FEC Identification Number C 000637215 <b>Transaction ID : 500123773</b> Amount of Each Disbursement this Period 2500.00
City Lakewood	State CO	Zip Code 80215-0887
Purpose of Disbursement PAC Political contribution		Category/ Type
Candidate Name <b>Pettersen, Brittany, Louise, Ms.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District: 07	<input type="checkbox"/> Memo Item

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

7500.00

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Emilia Sykes For Congress**

Mailing Address PO Box 1347

City  
Akron

State  
OH

Zip Code  
44309-1347

Purpose of Disbursement  
PAC Political contribution

Candidate Name

**Sykes, Emilia, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	2

FEC Identification Number

**C** C00801274

**Transaction ID : 500123774**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. EMILY'S LIST**

Mailing Address 1800 M St NW  
Ste 375N

City  
Washington

State  
DC

Zip Code  
20036-5862

Purpose of Disbursement  
PAC Political Contribution

Candidate Name

**EMILY'S LIST**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C** C00193433

**Transaction ID : 500123759**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Jahana Hayes**

Mailing Address PO Box 1487

City  
Waterbury

State  
CT

Zip Code  
06721-1487

Purpose of Disbursement  
PAC Political contribution

Candidate Name

**HAYES, JAHANA, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	2

FEC Identification Number

**C** C00677898

**Transaction ID : 500123775**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5250.00

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

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

Full Name (Last, First, Middle Initial)  
**A. JACKIE GORDON FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
08 / 02 / 2022

Mailing Address PO Box 456

City Copiague State NY Zip Code 11726-0456

Purpose of Disbursement PAC Political Contribution

Candidate Name **GORDON, JACQUELINE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) August Primary

State: NY District: 02

FEC Identification Number: **C00706549**  
Transaction ID : **500123776**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. KAPTUR FOR CONGRESS**

Date of Disbursement: MM / DD / YYYY  
08 / 02 / 2022

Mailing Address PO Box 899

City Toledo State OH Zip Code 43697-0899

Purpose of Disbursement PAC Political Contribution

Candidate Name **KAPTUR, MARCY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: OH District: 09

FEC Identification Number: **C00154625**  
Transaction ID : **500123777**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KUSTER FOR CONGRESS, INC**

Date of Disbursement: MM / DD / YYYY  
08 / 02 / 2022

Mailing Address 1498 PO Box

City Concord State NH Zip Code 03302-1498

Purpose of Disbursement PAC Political contribution

Candidate Name **KUSTER, ANN, MCLANE, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify)

State: NH District: 02

FEC Identification Number: **C00462861**  
Transaction ID : **500123778**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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

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

Full Name (Last, First, Middle Initial) <b>A. TADDEO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2022
Mailing Address 432094 PO Box		FEC Identification Number C 000445163 <b>Transaction ID : 500123779</b>
City South Miami	State FL	Zip Code 33243-2094
Purpose of Disbursement PAC Political Contribution		Amount of Each Disbursement this Period 4000.00
Candidate Name <b>Taddeo, Annette, , ,</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 26	

Full Name (Last, First, Middle Initial) <b>B. Teresa For All</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2022
Mailing Address PO Box 2675		FEC Identification Number C 000704049 <b>Transaction ID : 500123780</b>
City Santa Fe	State NM	Zip Code 87504-2675
Purpose of Disbursement PAC Political contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Fernandez, Teresa, Leger, ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NM	District: 03	

Full Name (Last, First, Middle Initial) <b>C. TITUS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2022
Mailing Address 72454 PO Box		FEC Identification Number C 000499467 <b>Transaction ID : 500123781</b>
City Las Vegas	State NV	Zip Code 89170-2454
Purpose of Disbursement PAC Political Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>TITUS, DINA, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NV	District: 01	

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

9000.00

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

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

**A. Val Hoyle For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 657

City Springfield State OR Zip Code 97477-0116

Purpose of Disbursement  
PAC Political Contribution

Candidate Name  
**HOYLE, VALERIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  
 Primary  General  Other (specify) ▼

State: OR District: 04

Date of Disbursement: 08 / 02 / 2022

FEC Identification Number: C C00796144  
**Transaction ID : 500123782**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	30250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
Washington

State  
DC

Zip Code  
20006-1202

Purpose of Disbursement  
Non Contribution Account PAC Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500124080**

Amount of Each Disbursement this Period

[Redacted] 35.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dickstein Sudolsky, Marcia, , ,**

Mailing Address 445 Park Ave  
Fl 9

City  
New York

State  
NY

Zip Code  
10022-8606

Purpose of Disbursement  
Non Contribution Account PAC Administration Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500124085**

Amount of Each Disbursement this Period

[Redacted] 5208.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Drucker, Amanda, , ,**

Mailing Address 30 Saint Marks Pl  
Apt 2D

City  
New York

State  
NY

Zip Code  
10003-8031

Purpose of Disbursement  
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	2		

FEC Identification Number

**C** [Redacted]

**Transaction ID : 500124082**

Amount of Each Disbursement this Period

[Redacted] 500.00

Memo Item

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

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

[Redacted] 5744.45

[Redacted] 5744.45