

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.
WOMENCOUNT PAC

ADDRESS (number and street)
Check if different than previously reported. (ACC) SAN FRANCISCO CA 94118

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 06 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Mason, Stacy, , ,
Type or Print Name of Treasurer _____

Signature of Treasurer Mason, Stacy, , , [Electronically Filed] Date 07 / 18 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMENCOUNT 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="2017"/>	<input type="text"/>	<input type="text" value="4706.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9315.43"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23829.07"/>	<input type="text" value="258838.41"/>
(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="33144.50"/>	<input type="text" value="263544.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12116.05"/>	<input type="text" value="242516.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21028.45"/>	<input type="text" value="21028.45"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="9986.99"/>	

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
WOMENCOUNT PAC

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).....	23427.00	249614.38
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23427.00	249614.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	402.00	9209.56
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23829.00	258823.94
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.07	14.47
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)).....▶	23829.07	258838.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23829.07	258838.41

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	2066.05	12266.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2066.05	12266.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10050.00	229961.50
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	272.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15.09
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	287.79
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	12116.05	242516.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12116.05	242516.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23829.00	258823.94
34. Total Contribution Refunds (from Line 28(d))	0.00	287.79
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23829.00	258536.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2066.05	12266.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2066.05	12266.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 73
	(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

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)
WOMENCOUNT PAC

A. CRABB, TONY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1083 VINE STREET, BOX 249

City HEALDSBURG	State CA	Zip Code 95448
--------------------	-------------	-------------------

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 ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : INCA13130

Amount of Each Receipt this Period
2000.00

Memo Item
ERMK: ELECTING WOMEN BAY AREA

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

Mailing Address 1083 VINE STREET, BOX 249

City HEALDSBURG	State CA	Zip Code 95448
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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 ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

Transaction ID : INCA13131

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address 7547 WALNUT ORCHARD WAY

City SANTA ROSA	State CA	Zip Code 95409
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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 ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2017

Transaction ID : INCA13132

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: ELECTING WOMEN BAY AREA

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 73
	<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)
WOMENCOUNT PAC

A. HENDREN, ANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2655 SW RAVENVIEW DRIVE

City PORTLAND	State OR	Zip Code 97201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---------------------------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2017

Transaction ID : INCA13134

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address 2655 SW RAVENVIEW DRIVE

City PORTLAND	State OR	Zip Code 97201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---------------------------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
85.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2017

Transaction ID : INCA13133

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

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

Mailing Address 2655 SW RAVENVIEW DRIVE

City PORTLAND	State OR	Zip Code 97201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---------------------------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
85.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2017

Transaction ID : INCA13135

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
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 8 OF 73
(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)
WOMENCOUNT PAC

A. FLUHR, MARGARET, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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 ▼
110.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2017

Transaction ID : INCA13142

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CAROL SHEA-PORTER FOR CONGRESS

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

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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 ▼
110.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2017

Transaction ID : INCA13140

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF CHERI BUSTOS

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

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
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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 ▼
110.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2017

Transaction ID : INCA13141

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ROSEN FOR NEVADA

SUBTOTAL of Receipts This Page (optional).....	30.00
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 73
(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)
WOMENCOUNT PAC

A. FLUHR, MARGARET, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
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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 ▼
110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13139

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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 ▼
110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13137

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: HEIDI FOR SENATE

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

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
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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 ▼
110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13136

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 73
<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. FLUHR, MARGARET, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 EAST 56 STREET, 11A

City NEW YORK	State NY	Zip Code 10022
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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 ▼
110.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13138

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13148

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ROSEN FOR NEVADA

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13149

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CAROL SHEA-PORTER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	20.00
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 11 OF 73
(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)
WOMENCOUNT PAC

A. HAZAGA, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2017

Transaction ID : INCA13147

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF CHERI BUSTOS

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2017

Transaction ID : INCA13146

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2017

Transaction ID : INCA13144

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 73
	<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)
WOMENCOUNT PAC

A. HAZAGA, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13143

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
----------------------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2017

Transaction ID : INCA13145

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address 988 CRESTON ROAD

City BERKELEY	State CA	Zip Code 94708
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER/EDITOR
---------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

Transaction ID : INCA13156

Amount of Each Receipt this Period
100.00

Memo Item
ERMK: CAROL SHEA-PORTER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	110.00
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 13 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SUTTIE, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 988 CRESTON ROAD
 City BERKELEY State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/EDITOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017
Transaction ID : INCA13155
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

B. SUTTIE, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 988 CRESTON ROAD
 City BERKELEY State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/EDITOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017
Transaction ID : INCA13154
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: FRIENDS OF CHERI BUSTOS

C. SUTTIE, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 988 CRESTON ROAD
 City BERKELEY State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/EDITOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2017
Transaction ID : INCA13152
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 73
<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)
WOMENCOUNT PAC

A. SUTTIE, JILL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 988 CRESTON ROAD

City BERKELEY	State CA	Zip Code 94708
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER/EDITOR
---------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

Transaction ID : INCA13153

Amount of Each Receipt this Period
100.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address 988 CRESTON ROAD

City BERKELEY	State CA	Zip Code 94708
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER/EDITOR
---------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

Transaction ID : INCA13151

Amount of Each Receipt this Period
100.00

Memo Item
ERMK: HEIDI FOR SENATE

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

Mailing Address 988 CRESTON ROAD

City BERKELEY	State CA	Zip Code 94708
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER/EDITOR
---------------------------------------------------------------	----------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

Transaction ID : INCA13150

Amount of Each Receipt this Period
100.00

Memo Item
ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 73
	<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)
WOMENCOUNT PAC

A. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13164
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

B. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13166
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13165
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 73
	<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. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13163
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13162
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

C. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13161
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 73
	<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)
WOMENCOUNT PAC

A. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13158
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

B. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13159
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

C. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2017
Transaction ID : INCA13160
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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 18 OF 73
	(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)
WOMENCOUNT PAC

A. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 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 ▼ 250.00

Date of Receipt 06 / 13 / 2017
Transaction ID : INCA13157
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. ALEXANDER, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 CONVENT PL
 City NASHVILLE State TN Zip Code 37212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) GRADUATE STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 91.00

Date of Receipt 06 / 15 / 2017
Transaction ID : INCA13168
 Amount of Each Receipt this Period 36.00
 Memo Item

C. MASON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) WOMENCOUNT Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3215.18

Date of Receipt 06 / 15 / 2017
Transaction ID : INCA13167
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	141.00
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 19 OF 73
	<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. VELEZ, SILVIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11505 SW 96 TERRACE
 City MIAMI State FL Zip Code 33176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE WAX LADY LLC Occupation (for Individual) OWNER/ESTHETICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 06 / 16 / 2017
Transaction ID : INCA13170
 Amount of Each Receipt this Period 20.00
 Memo Item

B. WEBSTER, CARLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2059 PALO ALTO WAY
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD GRADUATE SCHOOL OF BUSINESS Occupation (for Individual) CAREER EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 16 / 2017
Transaction ID : INCA13169
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. MORRIS, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 STANFORD AVE
 City MENLO PARK State CA Zip Code 94025
 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 ▼ 51.00

Date of Receipt 06 / 17 / 2017
Transaction ID : INCA13171
 Amount of Each Receipt this Period 36.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 106.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 73
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ALEXANDER, DAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 CONVENT PL
 City NASHVILLE State TN Zip Code 37212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) GRADUATE STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 91.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13174
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

B. CLAYTON, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 DINSMORE AVE, APT 416
 City FRAMINGHAM State MA Zip Code 01702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DIGITAL DESIGN CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 65.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13183
 Amount of Each Receipt this Period 5.00
 Memo Item

C. CLAYTON, MEGAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 DINSMORE AVE, APT 416
 City FRAMINGHAM State MA Zip Code 01702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DIGITAL DESIGN CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 65.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13182
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 73
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13177
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

B. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT.
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13179
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

C. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT.
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13180
 Amount of Each Receipt this Period 25.00
 Memo Item

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 22 OF 73
	<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)
WOMENCOUNT PAC

A. MACLAUGHLIN, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1970 MESA RAD
 City COLORADO SPRINGS State CO Zip Code 80904
 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 ▼ 5.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2017
Transaction ID : INCA13178
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

B. MASON, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5610 WISCONSIN AVE, APT 606
 City CHEVY CHASE State MD Zip Code 20815-4432
 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 ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2017
Transaction ID : INCA13129
 Amount of Each Receipt this Period 200.00
 Memo Item

C. ROEPNACK, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 STEUBEN ROAD
 City POLAND State NY Zip Code 13431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVHS Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2017
Transaction ID : INCA13172
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROEPNACK, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 STEUBEN ROAD
 City POLAND State NY Zip Code 13431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVHS Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13173
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SANDS, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 THRIFT RD
 City MALIBU State CA Zip Code 90265
 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 ▼ 50.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13181
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

C. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASA, GMU Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13176
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 65.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 73
	<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)
WOMENCOUNT PAC

A. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASA, GMU Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 06 / 21 / 2017
Transaction ID : INCA13175
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

B. JOBE, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 S. MARIPOSA AVE 105
 City LOS ANGELES State CA Zip Code 90004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TWDC Occupation (for Individual) ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 06 / 22 / 2017
Transaction ID : INCA13184
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHRYN ALLEN MD FOR CONGRESS

C. JOBE, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 S. MARIPOSA AVE 105
 City LOS ANGELES State CA Zip Code 90004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TWDC Occupation (for Individual) ASSISTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 06 / 22 / 2017
Transaction ID : INCA13185
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 73
	<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	<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)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
-------------------	-------------	-------------------

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 ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2017

Transaction ID : INCA13190

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

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

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
-------------------	-------------	-------------------

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 ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2017

Transaction ID : INCA13189

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
-------------------	-------------	-------------------

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 ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2017

Transaction ID : INCA13188

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 73
	<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)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 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 ▼ 150.00

Date of Receipt 06 / 22 / 2017
Transaction ID : INCA13191
 Amount of Each Receipt this Period 5.00
 Memo Item

B. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 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 ▼ 150.00

Date of Receipt 06 / 22 / 2017
Transaction ID : INCA13186
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

C. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 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 ▼ 150.00

Date of Receipt 06 / 22 / 2017
Transaction ID : INCA13187
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KAMALA HARRIS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 73
	<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)
WOMENCOUNT PAC

A. MORAN, KAREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 N MERCHANT ST

City AMERICAN FORK	State UT	Zip Code 84003
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) DOMO, INC.	Occupation (for Individual) VP, FINANCE
-------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2017

Transaction ID : INCA13194

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 55 N MERCHANT ST

City AMERICAN FORK	State UT	Zip Code 84003
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) DOMO, INC.	Occupation (for Individual) VP, FINANCE
-------------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2017

Transaction ID : INCA13193

Amount of Each Receipt this Period
250.00

Memo Item
ERMK: KATHRYN ALLEN MD FOR CONGRESS

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

Mailing Address 120 WEST 97 STREET

City NEW YORK	State NY	Zip Code 10025
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) ARTIST
---------------------------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
15.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2017

Transaction ID : INCA13192

Amount of Each Receipt this Period
15.00

Memo Item
ERMK: KATHRYN ALLEN MD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 73
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 27 / 2017
Transaction ID : INCA13198
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

B. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt 06 / 27 / 2017
Transaction ID : INCA13197
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KYRSTEN SINEMA FOR CONGRESS

C. MURRAY, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 LOMA ALTA AVE
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 06 / 27 / 2017
Transaction ID : INCA13196
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
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 73
<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. MURRAY, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 LOMA ALTA AVE
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ACTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00

Date of Receipt 06 / 27 / 2017
Transaction ID : INCA13195
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KYRSTEN SINEMA FOR CONGRESS

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 28 / 2017
Transaction ID : INCA13206
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 28 / 2017
Transaction ID : INCA13205
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 73
	<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)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : INCA13207
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : INCA13208
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : INCA13204
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 73
	<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)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : INCA13201
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : INCA13202
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2017
Transaction ID : INCA13199
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 73
	<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)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 28 / 2017
Transaction ID : INCA13203
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 28 / 2017
Transaction ID : INCA13200
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

C. CLEMENT, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7547 WALNUT ORCHARD WAY
 City SANTA ROSA State CA Zip Code 95409
 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 ▼ 3000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13217
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....▶ 1010.00
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 33 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CORNISH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 WYNDHAM DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13210
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. COTTON, BETSY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 EVERGREEN LANE
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13215
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. FRAHN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 UNIVERSITY AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5150.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13218
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 73
	<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. FRAHN, ANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 UNIVERSITY AVENUE

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
-------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2017

Transaction ID : INCA13219

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 307 SCOTT ST.

City SAN FRANCISCO	State CA	Zip Code 94117
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SQUIRE PATTON BOGGS	Occupation (for Individual) ATTORNEY
----------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2017

Transaction ID : INCA13221

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: ELIZABETH FOR MA

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

Mailing Address 1510 PORTOLA AVENUE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
-------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2017

Transaction ID : INCA13212

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 35 OF 73
	(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)
WOMENCOUNT PAC

A. KAVANAUGH, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 TAN OAK DR.
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) TRAVEL CONSULTANT; ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13209
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) FREELANCE DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13216
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. POLETTI, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 7TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DOCUSIGN Occupation (for Individual) SENIOR DIRECTOR, MARKETING
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13214
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 73
	<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)
WOMENCOUNT PAC

A. SMIRIN, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 493 WEST PORTOLA AVE.
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13213
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. SPEISER, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 781 PARMA WAY
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2005.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13220
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. STIMMLER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 CENTER DR
 City PALO ALTO State MN Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOOGLE Occupation (for Individual) RESEARCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 29 / 2017
Transaction ID : INCA13211
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 37 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DAUBER, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 PAUL AVENUE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD Occupation (for Individual) LAW PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 06 / 30 / 2017
Transaction ID : INCA13226
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. HITZ, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 KENT RD.
 City PACIFICA State CA Zip Code 94044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) EDITOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 30 / 2017
Transaction ID : INCA13224
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. HOLTZ, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 ARGUELLO #1
 City SAN FRANCISCO State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PODCAST HOST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 30 / 2017
Transaction ID : INCA13225
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....▶ 3000.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 38 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HWANG, SUSIE, , ,

Mailing Address 159 MELVILLE AVE

City PALO ALTO State CA Zip Code 94301

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : INCA13222

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: ELIZABETH FOR MA

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

Mailing Address 66 ALVARADO RD

City BERKELEY State CA Zip Code 94705

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

Name of Employer (for Individual) CORE POWER YOGA Occupation (for Individual) YOGA TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : INCA13223

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: ELIZABETH FOR MA

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

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	23427.00

**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 39 OF 73
<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)
WOMENCOUNT PAC

A. CAROL SHEA-PORTER FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 453

City ROCHESTER	State NH	Zip Code 03866
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00419978

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13293

Amount of Each Receipt this Period
4.60

Memo Item

B. ELECTING WOMEN SAN FRANCISCO PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00585687

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13292

Amount of Each Receipt this Period
120.00

Memo Item

C. FRIENDS OF CHERI BUSTOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00498568

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13294

Amount of Each Receipt this Period
4.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	129.20
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 40 OF 73
<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)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2938.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13291

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13289

Amount of Each Receipt this Period
4.60

Memo Item

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1850.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13288

Amount of Each Receipt this Period
4.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 73
<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)
WOMENCOUNT PAC

A. ROSEN FOR NEVADA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON	State NV	Zip Code 89074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00606939

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13295

Amount of Each Receipt this Period
4.60

Memo Item

B. STABENOW FOR US SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1491.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13287

Amount of Each Receipt this Period
4.80

Memo Item

C. TAMMY BALDWIN FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1981.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : INCA13290

Amount of Each Receipt this Period
152.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 73
<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)
WOMENCOUNT PAC

A. ELIZABETH FOR MA INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2017

Transaction ID : INCA13296

Amount of Each Receipt this Period
 0.20

Memo Item

B. FEINSTEIN FOR SENATE 2018
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2017

Transaction ID : INCA13297

Amount of Each Receipt this Period
 0.20

Memo Item

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

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
57.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2017

Transaction ID : INCA13300

Amount of Each Receipt this Period
 0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.60
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 43 OF 73
<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)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00420760

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
42.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

Transaction ID : INCA13302

Amount of Each Receipt this Period

0.20

 Memo Item

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

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2938.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

Transaction ID : INCA13305

Amount of Each Receipt this Period

0.20

 Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
26.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

Transaction ID : INCA13303

Amount of Each Receipt this Period

0.20

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.60
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 44 OF 73
<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)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA

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

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

Transaction ID : INCA13298

Amount of Each Receipt this Period
0.20

Memo Item

B. MCCASKILL SENATE FUND

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1850.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

Transaction ID : INCA13301

Amount of Each Receipt this Period
0.20

Memo Item

C. STABENOW FOR US SENATE

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

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1491.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

Transaction ID : INCA13299

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.60
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 73
<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)
WOMENCOUNT PAC

A. TAMMY BALDWIN FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1981.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

Transaction ID : INCA13304

Amount of Each Receipt this Period
0.20

Memo Item

B. TAMMY BALDWIN FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1981.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2017

Transaction ID : INCA13306

Amount of Each Receipt this Period
2.00

Memo Item

C. ELIZABETH FOR MA INC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
22.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13307

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.40
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 46 OF 73
<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)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2938.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13311

Amount of Each Receipt this Period

0.20

 Memo Item

B. KAMALA HARRIS FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571919

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13310

Amount of Each Receipt this Period

0.20

 Memo Item

C. KATHRYN ALLEN MD FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS	State MD	Zip Code 84121
----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00634543

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
35.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13313

Amount of Each Receipt this Period

35.40

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.80
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 47 OF 73
<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)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA

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

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13308

Amount of Each Receipt this Period
0.20

Memo Item

B. KYRSTEN SINEMA FOR CONGRESS

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

Mailing Address PO BOX 25879

City TEMPE	State AZ	Zip Code 85285
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00508804

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13312

Amount of Each Receipt this Period
0.40

Memo Item

C. TAMMY BALDWIN FOR SENATE

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

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1981.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : INCA13309

Amount of Each Receipt this Period
0.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
TOTAL This Period (last page this line number only).....	402.00

**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 48 OF 73
<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)
WOMENCOUNT PAC

A. FIRST DATA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

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 ▼
0.07

Date of Receipt
MM / DD / YYYY
06 / 05 / 2017

Transaction ID : INCA13128

Amount of Each Receipt this Period
0.07

Memo Item
REFUND OF CREDIT CARD PROCESSING FEES ERROR

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.07
TOTAL This Period (last page this line number only).....	0.07

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City
SAN FRANCISCO

State
CA

Zip Code
94128

Purpose of Disbursement
ACCOUNT FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2017

FEC Identification Number

C

Transaction ID : EXPB13124

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City
ATLANTA

State
GA

Zip Code
30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number

C

Transaction ID : EXPB13125

Amount of Each Disbursement this Period

1173.23

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City
ATLANTA

State
GA

Zip Code
30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number

C

Transaction ID : EXPB13126

Amount of Each Disbursement this Period

262.54

Memo Item

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

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

1460.77

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number

Transaction ID : EXPB13127
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. HARVEY, MEGHAN, , ,

Mailing Address 5425 CHARLOTTE WAY

City LIVERMORE State CA Zip Code 94550

Purpose of Disbursement
SOCIAL MEDIA SERVICES

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number

Transaction ID : EXPB13122
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement
BANK FEE

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 12 / 2017

FEC Identification Number

Transaction ID : EXPB13123
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 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)
WOMENCOUNT PAC

A. CAROL SHEA-PORTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement
ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
PORTER, CAROL SHEA, , ,

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

State: NH District: 01

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number: C00419978
Transaction ID : EXPB13233
Amount of Each Disbursement this Period: 100.00

Memo Item

B. CAROL SHEA-PORTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
PORTER, CAROL SHEA, , ,

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

State: NH District: 01

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number: C00419978
Transaction ID : EXPB13240
Amount of Each Disbursement this Period: 10.00

Memo Item

C. CAROL SHEA-PORTER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
PORTER, CAROL SHEA, , ,

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

State: NH District: 01

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number: C00419978
Transaction ID : EXPB13247
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELECTING WOMEN SAN FRANCISCO PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2017

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

FEC Identification Number

C C00585687

Purpose of Disbursement
ERMK: KIMBERLY CLEMENT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Transaction ID : EXPB13251
Amount of Each Disbursement this Period

Candidate Name
ELECTING WOMEN SAN FRANCISCO PAC

Category/
Type

1000.00

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

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTING WOMEN SAN FRANCISCO PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2017

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

FEC Identification Number

C C00585687

Purpose of Disbursement
ERMK: TONY CRABB-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Transaction ID : EXPB13252
Amount of Each Disbursement this Period

Candidate Name
ELECTING WOMEN SAN FRANCISCO PAC

Category/
Type

2000.00

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

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHERI BUSTOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2017

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

FEC Identification Number

C C00498568

Purpose of Disbursement
ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Transaction ID : EXPB13231
Amount of Each Disbursement this Period

Candidate Name
BUSTOS, CHERI, , ,

Category/
Type

100.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: IL District: 17

Memo Item

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

3100.00

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)	PAGE 53 OF 73										
	<table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> 21b</td> <td style="border: none;"><input type="checkbox"/> 22</td> <td style="border: none;"><input checked="" type="checkbox"/> 23</td> <td style="border: none;"><input type="checkbox"/> 26</td> <td style="border: none;"><input type="checkbox"/> 27</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 28a</td> <td style="border: none;"><input type="checkbox"/> 28b</td> <td style="border: none;"><input type="checkbox"/> 28c</td> <td style="border: none;"><input type="checkbox"/> 29</td> <td style="border: none;"><input type="checkbox"/> 30b</td> </tr> </table>	<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	
<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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF CHERI BUSTOS		Date of Disbursement <table style="width:100%; border: none;"> <tr> <td style="border: none;">M M M / D D D / Y Y Y Y Y Y</td> </tr> <tr> <td style="border: none;">06 / 08 / 2017</td> </tr> </table>	M M M / D D D / Y Y Y Y Y Y	06 / 08 / 2017		
M M M / D D D / Y Y Y Y Y Y						
06 / 08 / 2017						
Mailing Address 1050 17TH ST NW STE 590		FEC Identification Number <table style="width:100%; border: none;"> <tr> <td style="border: none;">C C00498568</td> </tr> <tr> <td style="border: none;">Transaction ID : EXPB13238</td> </tr> <tr> <td style="border: none;">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="border: none;">10.00</td> </tr> </table>	C C00498568	Transaction ID : EXPB13238	Amount of Each Disbursement this Period	10.00
C C00498568						
Transaction ID : EXPB13238						
Amount of Each Disbursement this Period						
10.00						
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED Candidate Name BUSTOS, CHERI, , ,					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Category/Type		<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. FRIENDS OF CHERI BUSTOS		Date of Disbursement <table style="width:100%; border: none;"> <tr> <td style="border: none;">M M M / D D D / Y Y Y Y Y Y</td> </tr> <tr> <td style="border: none;">06 / 08 / 2017</td> </tr> </table>	M M M / D D D / Y Y Y Y Y Y	06 / 08 / 2017		
M M M / D D D / Y Y Y Y Y Y						
06 / 08 / 2017						
Mailing Address 1050 17TH ST NW STE 590		FEC Identification Number <table style="width:100%; border: none;"> <tr> <td style="border: none;">C C00498568</td> </tr> <tr> <td style="border: none;">Transaction ID : EXPB13245</td> </tr> <tr> <td style="border: none;">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="border: none;">5.00</td> </tr> </table>	C C00498568	Transaction ID : EXPB13245	Amount of Each Disbursement this Period	5.00
C C00498568						
Transaction ID : EXPB13245						
Amount of Each Disbursement this Period						
5.00						
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED Candidate Name BUSTOS, CHERI, , ,					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Category/Type		<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. GILLIBRAND FOR SENATE		Date of Disbursement <table style="width:100%; border: none;"> <tr> <td style="border: none;">M M M / D D D / Y Y Y Y Y Y</td> </tr> <tr> <td style="border: none;">06 / 08 / 2017</td> </tr> </table>	M M M / D D D / Y Y Y Y Y Y	06 / 08 / 2017		
M M M / D D D / Y Y Y Y Y Y						
06 / 08 / 2017						
Mailing Address 313 C STREET, NE		FEC Identification Number <table style="width:100%; border: none;"> <tr> <td style="border: none;">C C00413914</td> </tr> <tr> <td style="border: none;">Transaction ID : EXPB13254</td> </tr> <tr> <td style="border: none;">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="border: none;">1000.00</td> </tr> </table>	C C00413914	Transaction ID : EXPB13254	Amount of Each Disbursement this Period	1000.00
C C00413914						
Transaction ID : EXPB13254						
Amount of Each Disbursement this Period						
1000.00						
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement ERMK: ARIEL KELLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Category/Type		<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....▶	<table style="width:100%; border: none;"> <tr> <td style="border: none;">1015.00</td> </tr> </table>	1015.00
1015.00		
TOTAL This Period (last page this line number only).....▶	<table style="width:100%; border: none;"> <tr> <td style="border: none;"> </td> </tr> </table>	

**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)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: ERIN GORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

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

State: NY District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00413914
Transaction ID : EXPB13256
Amount of Each Disbursement this Period: 500.00

Memo Item

B. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

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

State: ND District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB13228
Amount of Each Disbursement this Period: 100.00

Memo Item

C. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

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

State: ND District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB13235
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 610.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ND District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number: **C00505552**
Transaction ID : **EXPB13242**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number: **C00577148**
Transaction ID : **EXPB13229**
Amount of Each Disbursement this Period: 100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number: **C00577148**
Transaction ID : **EXPB13236**
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.00

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)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00577148
Transaction ID : EXPB13243
Amount of Each Disbursement this Period
5.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00577148
Transaction ID : EXPB13249
Amount of Each Disbursement this Period
5.00

Memo Item

C. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROSEN, JACKY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00606939
Transaction ID : EXPB13232
Amount of Each Disbursement this Period
100.00

Memo Item

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

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

110.00

**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 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB13239
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name ROSEN, JACKY, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: NV	District: 03	

Full Name (Last, First, Middle Initial) B. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB13246
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name ROSEN, JACKY, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: NV	District: 03	

Full Name (Last, First, Middle Initial) C. STABENOW FOR US SENATE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2017
Mailing Address P.O. BOX 4945		FEC Identification Number C00344473 Transaction ID : EXPB13227
City EAST LANSING	State MI	Zip Code 48826
Purpose of Disbursement ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 100.00
Candidate Name STABENOW, DEBBIE, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	115.00
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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00344473
Transaction ID : EXPB13234

Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00344473
Transaction ID : EXPB13241

Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00344473
Transaction ID : EXPB13248

Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: JILL SUTTIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00326801
Transaction ID : EXPB13230

Amount of Each Disbursement this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00326801
Transaction ID : EXPB13237

Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2017

FEC Identification Number
C C00326801
Transaction ID : EXPB13244

Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB13250
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: TONY CRABB-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB13253
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: LINDA KAMRAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB13255
Amount of Each Disbursement this Period: 2700.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3705.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB13257 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" 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: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FEINSTEIN FOR SENATE 2018		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 Transaction ID : EXPB13258 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name FEINSTEIN, DIANE, , ,		
Office Sought: <input checked="" 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: CA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB13262 Amount of Each Disbursement this Period 5.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
Office Sought: <input checked="" 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: WA	District:	<input type="checkbox"/> Memo Item

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

15.00

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)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 677

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

City HONOLULU State HI Zip Code 96809

FEC Identification Number

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00420760
---	-----------

Candidate Name
HIRONO, MAZIE, , ,

Transaction ID : EXPB13264

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: HI District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

5.00

Memo Item

B. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 313 C STREET, NE

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00413914
---	-----------

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Transaction ID : EXPB13259

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: NY District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

5.00

Memo Item

C. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1577

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

City BISMARCK State ND Zip Code 58502

FEC Identification Number

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00505552
---	-----------

Candidate Name
HEITKAMP, HEIDI, , ,

Transaction ID : EXPB13265

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: ND District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

5.00

Memo Item

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 4146

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

City ST PAUL State MN Zip Code 55104

FEC Identification Number

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

C	C00431353
---	-----------

Candidate Name
KLOBUCHAR, AMY, , ,

Transaction ID : EXPB13260

Amount of Each Disbursement this Period

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

5.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 300077

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

City ST LOUIS State MO Zip Code 63130

FEC Identification Number

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

C	C00577148
---	-----------

Candidate Name
MCCASKILL, CLAIRE, , ,

Transaction ID : EXPB13263

Amount of Each Disbursement this Period

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

5.00

Memo Item

C. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 4945

M M M	/	D D D	/	Y Y Y Y Y
06		14		2017

City EAST LANSING State MI Zip Code 48826

FEC Identification Number

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

C	C00344473
---	-----------

Candidate Name
STABENOW, DEBBIE, , ,

Transaction ID : EXPB13261

Amount of Each Disbursement this Period

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

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 06 / 14 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB13266

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: CARLIN WEBSTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB13267

Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MA District:

Date of Disbursement: 06 / 28 / 2017

FEC Identification Number: C00500843
Transaction ID : EXPB13277

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.00

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)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address 313 C STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

FEC Identification Number

C C00413914

Transaction ID : EXPB13279

Amount of Each Disbursement this Period

5.00

Memo Item

B. KAMALA HARRIS FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address 777 S FIGUEROA ST STE 4050

City
LOS ANGELES

State
CA

Zip Code
90017

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HARRIS, KAMALA, , ,

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

FEC Identification Number

C C00571919

Transaction ID : EXPB13276

Amount of Each Disbursement this Period

5.00

Memo Item

C. KATHRYN ALLEN MD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 7641 S. QUICKSILVER DRIVE

City
COTTONWOOD HEIGHTS

State
MD

Zip Code
84121

Purpose of Disbursement
ERMK: RUTH TUFT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

FEC Identification Number

C C00634543

Transaction ID : EXPB13272

Amount of Each Disbursement this Period

15.00

Memo Item

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

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

25.00

**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 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHRYN ALLEN MD FOR CONGRESS

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS State MD Zip Code 84121

Purpose of Disbursement
ERMK: KAREN MORAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

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

State: UT District: 03

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number: C00634543
Transaction ID : EXPB13273
Amount of Each Disbursement this Period: 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHRYN ALLEN MD FOR CONGRESS

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS State MD Zip Code 84121

Purpose of Disbursement
ERMK: KIMBERLY JOBE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

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

State: UT District: 03

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number: C00634543
Transaction ID : EXPB13274
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHRYN ALLEN MD FOR CONGRESS

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS State MD Zip Code 84121

Purpose of Disbursement
ERMK: KATHRYN ROEPNACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

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

State: UT District: 03

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number: C00634543
Transaction ID : EXPB13280
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 270.00

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)
WOMENCOUNT PAC

A. KATHRYN ALLEN MD FOR CONGRESS

Full Name (Last, First, Middle Initial)
KATHRYN ALLEN MD FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS State MD Zip Code 84121

Purpose of Disbursement
ERMK: DAN ALEXANDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

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

State: UT District: 03

FEC Identification Number: C00634543
Transaction ID : EXPB13281
Amount of Each Disbursement this Period: 5.00

Memo Item

B. KATHRYN ALLEN MD FOR CONGRESS

Full Name (Last, First, Middle Initial)
KATHRYN ALLEN MD FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS State MD Zip Code 84121

Purpose of Disbursement
ERMK: ROBERTA SPALTER-ROTH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

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

State: UT District: 03

FEC Identification Number: C00634543
Transaction ID : EXPB13282
Amount of Each Disbursement this Period: 10.00

Memo Item

C. KATHRYN ALLEN MD FOR CONGRESS

Full Name (Last, First, Middle Initial)
KATHRYN ALLEN MD FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

Mailing Address 7641 S. QUICKSILVER DRIVE

City COTTONWOOD HEIGHTS State MD Zip Code 84121

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KATHRYN ALLEN MD FOR CONGRESS

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

State: UT District: 03

FEC Identification Number: C00634543
Transaction ID : EXPB13283
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 515.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KATHRYN ALLEN MD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 7641 S. QUICKSILVER DRIVE		FEC Identification Number C00634543 Transaction ID : EXPB13284
City COTTONWOOD HEIGHTS	State MD	Zip Code 84121
Purpose of Disbursement ERMK: ANN MACLAUGHLIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name KATHRYN ALLEN MD FOR CONGRESS		Category/Type
Office Sought: <input checked="" 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: UT District: 03	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KATHRYN ALLEN MD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 7641 S. QUICKSILVER DRIVE		FEC Identification Number C00634543 Transaction ID : EXPB13285
City COTTONWOOD HEIGHTS	State MD	Zip Code 84121
Purpose of Disbursement ERMK: ANN DEHOVITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 25.00
Candidate Name KATHRYN ALLEN MD FOR CONGRESS		Category/Type
Office Sought: <input checked="" 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: UT District: 03	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. KATHRYN ALLEN MD FOR CONGRESS		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 7641 S. QUICKSILVER DRIVE		FEC Identification Number C00634543 Transaction ID : EXPB13286
City COTTONWOOD HEIGHTS	State MD	Zip Code 84121
Purpose of Disbursement ERMK: SUSAN SANDS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 50.00
Candidate Name KATHRYN ALLEN MD FOR CONGRESS		Category/Type
Office Sought: <input checked="" 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: UT District: 03	<input type="checkbox"/> Memo Item	

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

80.00

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

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)
WOMENCOUNT PAC

A. KATHRYN ALLEN MD FOR CONGRESS

Full Name (Last, First, Middle Initial)
KATHRYN ALLEN MD FOR CONGRESS

Date of Disbursement: 06 / 28 / 2017

Mailing Address: 7641 S. QUICKSILVER DRIVE

City: COTTONWOOD HEIGHTS, State: MD, Zip Code: 84121

Purpose of Disbursement: ERMK: MEGAN CLAYTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: KATHRYN ALLEN MD FOR CONGRESS

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: UT, District: 03

FEC Identification Number: C00634543
Transaction ID: EXPB13318
Amount of Each Disbursement this Period: 5.00

Memo Item

B. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)
KLOBUCHAR FOR MINNESOTA

Date of Disbursement: 06 / 28 / 2017

Mailing Address: PO BOX 4146

City: ST PAUL, State: MN, Zip Code: 55104

Purpose of Disbursement: ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: KLOBUCHAR, AMY, , ,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: MN, District:

FEC Identification Number: C00431353
Transaction ID: EXPB13275
Amount of Each Disbursement this Period: 5.00

Memo Item

C. KYRSTEN SINEMA FOR CONGRESS

Full Name (Last, First, Middle Initial)
KYRSTEN SINEMA FOR CONGRESS

Date of Disbursement: 06 / 28 / 2017

Mailing Address: PO BOX 25879

City: TEMPE, State: AZ, Zip Code: 85285

Purpose of Disbursement: ERMK: EMILY MURRAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: SINEMA, KYRSTEN, , ,

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify) ▼

State: AZ, District: 09

FEC Identification Number: C00508804
Transaction ID: EXPB13268
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 15.00

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)
WOMENCOUNT PAC

A. KYRSTEN SINEMA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 25879

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	8		2	0	1	7		

City TEMPE State AZ Zip Code 85285

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00508804
---	-----------

Candidate Name
SINEMA, KYRSTEN, , ,

Category/Type

Transaction ID : **EXPB13270**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: AZ District: 09

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

B. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 696

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	8		2	0	1	7		

City MADISON State WI Zip Code 53701

FEC Identification Number

Purpose of Disbursement
ERMK: EMILY MURRAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00326801
---	-----------

Candidate Name
BALDWIN, TAMMY, , ,

Category/Type

Transaction ID : **EXPB13269**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: WI District:

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

C. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 696

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	8		2	0	1	7		

City MADISON State WI Zip Code 53701

FEC Identification Number

Purpose of Disbursement
ERMK: ROBERT HAZAGA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00326801
---	-----------

Candidate Name
BALDWIN, TAMMY, , ,

Category/Type

Transaction ID : **EXPB13271**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: WI District:

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

<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)
WOMENCOUNT PAC

A. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President
State: WI District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number: **C** C00326801
Transaction ID : **EXPB13278**
Amount of Each Disbursement this Period: 5.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5.00

TOTAL This Period (last page this line number only)..... ▶ 10050.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 73
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HANSON BRIDGETT LLP			Nature of Debt (Purpose): LEGAL AND COMPLIANCE
Mailing Address 425 MARKET STREET, 26TH FLOOR			
City SAN FRANCISCO	State CA	Zip Code 94105	

Outstanding Balance Beginning This Period <input type="text" value="1305.00"/>	Transaction ID : PAYD3367	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1305.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="3007.50"/>	Transaction ID : PAYD9592	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3007.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="1890.94"/>	Transaction ID : PAYD11385	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1890.94"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6203.44"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 73
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 2501.05	Transaction ID : PAYD12409	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2501.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 1282.50	Transaction ID : PAYD12795	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1282.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	3783.55
2) TOTALS This Period (last page this line number only)..... ▶	9986.99
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9986.99