

**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" value="4706.06"/>	<input type="text" value="4706.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18934.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44005.20"/>	<input type="text" value="418245.17"/>
(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="62940.03"/>	<input type="text" value="422951.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53329.58"/>	<input type="text" value="413340.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9610.45"/>	<input type="text" value="9610.45"/>
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="12116.25"/>	

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).....	41430.00	401840.10
(ii) Unitemized	656.00	656.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	42086.00	402496.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1857.20	15672.60
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	43943.20	418168.70
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.).....	62.00	76.47
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)).....▶	44005.20	418245.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44005.20	418245.17

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	5349.58	19965.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5349.58	19965.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46430.00	391537.22
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).....	1550.00	1550.00
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)) ..	53329.58	413340.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53329.58	413340.78

DETAILED SUMMARY PAGE
of Disbursements

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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)	43943.20	418168.70
34. Total Contribution Refunds (from Line 28(d))	0.00	287.79
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43943.20	417880.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5349.58	19965.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5349.58	19965.77

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

Form/Schedule: F3XA
Transaction ID :

UPDATE OTHER FEDERAL RECEIPTS

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 186
	<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. FRANCIS, KERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5940 ESTATES DRIVE
 City OAKLAND State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELOITTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 09 / 01 / 2017
Transaction ID : INCA13972
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. KRAUSHAAR, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2053
 City HEALDSBURG State CA Zip Code 95448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEBRIDGE FINANCIAL SERVICES Occupation (for Individual) MORTGAGE LENDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 01 / 2017
Transaction ID : INCA13973
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

C. 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 ▼ 4000.00

Date of Receipt 09 / 01 / 2017
Transaction ID : INCA13974
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 186
	<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. CA, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 VALLEJO ST
 City EMERYVILLE State CA Zip Code 94608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) GENERAL BUILDING CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 09 / 02 / 2017
Transaction ID : INCA13977
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

B. CA, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 VALLEJO ST
 City EMERYVILLE State CA Zip Code 94608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) GENERAL BUILDING CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 09 / 02 / 2017
Transaction ID : INCA13975
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: LOUISE SLAUGHTER RE-ELECTION COMMITTEE

C. CA, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 VALLEJO ST
 City EMERYVILLE State CA Zip Code 94608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) GENERAL BUILDING CONTRACTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 09 / 02 / 2017
Transaction ID : INCA13976
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

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 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CA, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5921 VALLEJO ST
 City EMERYVILLE State CA Zip Code 94608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) GENERAL BUILDING CONTRACTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 02 / 2017
Transaction ID : INCA13978
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: BRIANNA WU FOR CONGRESS

B. HAYES, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 CERVANTES BLVD
 City SAN FRANCISCO State CA Zip Code 94123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MANAGEMENT CONSULTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 02 / 2017
Transaction ID : INCA13980
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

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 ▼ 4000.00

Date of Receipt 09 / 05 / 2017
Transaction ID : INCA13984
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....▶ 2010.00
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 186
	<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. MENY, RACHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DUDLEY COURT
 City State Zip Code
 PIEDMONT CA 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 KEKER, VAN NEST & PETERS LLP ATTORNEY
 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
 09 / 05 / 2017
Transaction ID : INCA13983
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. MENY, RACHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DUDLEY COURT
 City State Zip Code
 PIEDMONT CA 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 KEKER, VAN NEST & PETERS LLP ATTORNEY
 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
 09 / 05 / 2017
Transaction ID : INCA13982
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

C. SPEISER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 GARLAND DRIVE
 City State Zip Code
 MENLO PARK CA 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE NOT EMPLOYED
 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
 09 / 05 / 2017
Transaction ID : INCA13981
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

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 11 OF 186
	(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. ACREE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 RHODE ISLAND ST
 City SAN FRANCISCO State CA Zip Code 94107
 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 ▼ 3005.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA13987
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. DOLBY, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2115 BUSH ST.
 City SAN FRANCISCO State CA Zip Code 94115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FREEDOM FWD Occupation (for Individual) CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA13995
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. EHRAMJIAN, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 CORONADO AVENUE
 City CAYUCOS State CA Zip Code 93430
 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 ▼ 70.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA13989
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 2010.00
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 186
	<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. EHRAMJIAN, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 CORONADO AVENUE
 City CAYUCOS State CA Zip Code 93430
 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 ▼ 70.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA13992
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF CHERI BUSTOS

B. EHRAMJIAN, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 CORONADO AVENUE
 City CAYUCOS State CA Zip Code 93430
 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 ▼ 70.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA13988
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

C. EHRAMJIAN, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 CORONADO AVENUE
 City CAYUCOS State CA Zip Code 93430
 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 ▼ 70.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA13994
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CAROL SHEA-PORTER FOR CONGRESS

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 13 OF 186
	<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. EHRAMJIAN, LAURA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 CORONADO AVENUE

City CAYUCOS	State CA	Zip Code 93430
-----------------	-------------	-------------------

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 ▼
70.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13991

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

B. EHRAMJIAN, LAURA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 CORONADO AVENUE

City CAYUCOS	State CA	Zip Code 93430
-----------------	-------------	-------------------

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 ▼
70.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13993

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ROSEN FOR NEVADA

C. EHRAMJIAN, LAURA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 63 CORONADO AVENUE

City CAYUCOS	State CA	Zip Code 93430
-----------------	-------------	-------------------

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 ▼
70.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13990

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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 14 OF 186
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FLUHR, MARGARET, , ,			Date of Receipt MM / DD / YYYY 09 / 06 / 2017 Transaction ID : INCA14000		
Mailing Address 433 EAST 56 STREET, 11A			Amount of Each Receipt this Period 5.00		
City NEW YORK	State NY	Zip Code 10022	Memo Item <input type="checkbox"/> ERMK: FRIENDS OF CHERI BUSTOS		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 195.00			
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FLUHR, MARGARET, , ,			Date of Receipt MM / DD / YYYY 09 / 06 / 2017 Transaction ID : INCA13997		
Mailing Address 433 EAST 56 STREET, 11A			Amount of Each Receipt this Period 5.00		
City NEW YORK	State NY	Zip Code 10022	Memo Item <input type="checkbox"/> ERMK: HEIDI FOR SENATE		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 195.00			
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FLUHR, MARGARET, , ,			Date of Receipt MM / DD / YYYY 09 / 06 / 2017 Transaction ID : INCA14001		
Mailing Address 433 EAST 56 STREET, 11A			Amount of Each Receipt this Period 5.00		
City NEW YORK	State NY	Zip Code 10022	Memo Item <input type="checkbox"/> ERMK: ROSEN FOR NEVADA		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 195.00			
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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 15 OF 186
(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 ▼
195.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2017

Transaction ID : INCA13999

Amount of Each Receipt this Period
5.00

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
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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 ▼
195.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2017

Transaction ID : INCA13998

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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 ▼
195.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2017

Transaction ID : INCA13996

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 16 OF 186
<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 ▼
195.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14002

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CAROL SHEA-PORTER FOR CONGRESS

B. MOORE, COURTNEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1444 VALLEJO STREET APT. 2

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RODAN + FIELDS	Occupation (for Individual) VICE PRESIDENT, STRATEGY & INS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13986

Amount of Each Receipt this Period
50.00

Memo Item

C. MOORE, COURTNEY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1444 VALLEJO STREET APT. 2

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RODAN + FIELDS	Occupation (for Individual) VICE PRESIDENT, STRATEGY & INS
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13985

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	1055.00
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 186
<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. PERL, TERI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 LINCOLN AVE.

City PALO ALSO	State CA	Zip Code 94301
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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 ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14005

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

B. PERL, TERI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 LINCOLN AVE.

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

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 ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14004

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HEIDI FOR SENATE

C. PERL, TERI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 LINCOLN AVE.

City PALO ALSO	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14008

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ROSEN FOR NEVADA

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 18 OF 186
<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. PERL, TERI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 LINCOLN AVE.

City PALO ALSO	State CA	Zip Code 94301
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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 ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14003

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

B. PERL, TERI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 LINCOLN AVE.

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

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 ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14009

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CAROL SHEA-PORTER FOR CONGRESS

C. PERL, TERI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 525 LINCOLN AVE.

City PALO ALSO	State CA	Zip Code 94301
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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 ▼
35.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14006

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 19 OF 186
<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. PERL, TERI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 LINCOLN AVE.
 City PALO ALSO State CA Zip Code 94301
 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 ▼ 35.00

Date of Receipt 09 / 06 / 2017
Transaction ID : INCA14007
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF CHERI BUSTOS

B. LIDDLE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15930 WEST RD
 City LOS GATOS State CA Zip Code 95030
 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 ▼ 4005.00

Date of Receipt 09 / 07 / 2017
Transaction ID : INCA14010
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

C. ULMAN, TZIPOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 ROSEWOOD CT
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCIENCE IS ELEMENTATARY Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2017
Transaction ID : INCA14011
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	2005.00
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 186
<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. COXE, SIMONE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 EMERSON ST
 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) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 08 / 2017
Transaction ID : INCA14014
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. FRANK, HILLARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 S. CLARK AVE.
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CRV Occupation (for Individual) HEAD OF TALENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 08 / 2017
Transaction ID : INCA14013
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

C. SCOTT, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 EAST 86TH ST, 11B
 City NEW YORK State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) HOME ORGANIZER AND YOGA TEAC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2017
Transaction ID : INCA14012
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 186
	<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. DIAZ NASH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 PARROTT DRIVE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATMA CONNECT Occupation (for Individual) BOARD CHAIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 09 / 10 / 2017
Transaction ID : INCA14015
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

B. BORDO, ROSALIND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 GARLAND WAY
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MANAGEMENT CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2017
Transaction ID : INCA14018
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

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 ▼ 5250.00

Date of Receipt 09 / 11 / 2017
Transaction ID : INCA14017
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	700.00
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 186
	<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. LAFETRA COLLIER, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2017
Transaction ID : INCA14016
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

B. LIDDLE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15930 WEST RD
 City LOS GATOS State CA Zip Code 95030
 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 ▼ 4005.00

Date of Receipt 09 / 11 / 2017
Transaction ID : INCA14019
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

C. EVANS, CAIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2178 HENRY CT
 City EAST PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAUSD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 12 / 2017
Transaction ID : INCA14020
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

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: (check only one)	PAGE 23 OF 186
	<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. MCNERNEY, JILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 FOREST AVE, APT 402
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STACKROX Occupation (for Individual) DIRECTOR OF OPERATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 13 / 2017
Transaction ID : INCA14021
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. MERCER, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 STEINER STREET, #10
 City SAN FRANCISCO State CA Zip Code 94115
 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 ▼ 2000.00

Date of Receipt 09 / 13 / 2017
Transaction ID : INCA14022
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. SANDS, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 HAMILTON AVE
 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 ▼ 2000.00

Date of Receipt 09 / 13 / 2017
Transaction ID : INCA14023
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 186
	<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. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt 09 / 14 / 2017
Transaction ID : INCA14024
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

B. 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 ▼ 6800.00

Date of Receipt 09 / 15 / 2017
Transaction ID : IDTA15
 Amount of Each Receipt this Period 100.00
 Memo Item

C. ACTBLUE TECHNICAL SERVICES
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 441146
 City SOMMERVILLE State MA Zip Code 02144
 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 ▼ 766.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14706IDTA15
 Amount of Each Receipt this Period 100.00
 Memo Item
 TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : IDTA15

EARMARKED THROUGH ACTBLUE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 186
<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. MAHAN, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6119 MIRASOL CT.
 City SAN JOSE State CA Zip Code 95123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BRIGADE GROUP, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 16 / 2017
Transaction ID : INCA14026
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

B. SCANDAR, SILVIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6119 MIRASOL CT
 City SAN JOSE State CA Zip Code 95123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INNOVATE PUBLIC SCHOOLS Occupation (for Individual) DIRECTOR OF COMMUNICATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 16 / 2017
Transaction ID : INCA14025
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

C. ALHASSANI, MEHDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 ALMA ST.
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALANTIR TECHNOLOGIES Occupation (for Individual) OPERATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14032
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	600.00
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 186
	<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. DRUMRIGHT, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2065 COWPER STREET
 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) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14031
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

B. FOSTER, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 CHANNINE
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTLY FOUNDATION Occupation (for Individual) EXEC DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14028
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

C. MASUR, SHELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 BIRCH STREET
 City REDWOOD CITY State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CDE FOUNDATION Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14029
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	500.00
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 186
	<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. SHOOR, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 925 THE AL MEDS #306
 City SAN JOSE State CA Zip Code 95126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KATZ AND ASSOCIATES Occupation (for Individual) PUBLIC ENGAGEMENT CONSULTAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14027
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

B. TATZ, DYLAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2845 VAN NESS APT 404
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BECKER TRUST Occupation (for Individual) PROGRAMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14030
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

C. WEINSTEIN, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2066 POPLAR AVENUE
 City REDWOOD CITY State CA Zip Code 94061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLEISHMANHILLARD Occupation (for Individual) PUBLIC RELATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 17 / 2017
Transaction ID : INCA14033
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	220.00
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 186
	<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. ALEXANDER, SUZI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 461 2ND STREET T660
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROBBINS GELLER Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 09 / 19 / 2017
Transaction ID : INCA14038
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. DIAZ NASH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 PARROTT DRIVE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATMA CONNECT Occupation (for Individual) BOARD CHAIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 09 / 19 / 2017
Transaction ID : INCA14034
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. DORAHY, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 468 WESTRIDGE DR
 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) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 19 / 2017
Transaction ID : INCA14037
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

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 30 OF 186
	<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. 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 (US) LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 19 / 2017
Transaction ID : INCA14035
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

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) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 19 / 2017
Transaction ID : INCA14036
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14088
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

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: (check only one)	PAGE 31 OF 186
	<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. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14087
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14081
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14085
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	150.00
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 186
	<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. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14082
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14083
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14080
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 33 OF 186
	<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. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14086
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14084
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. 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 ▼ 6800.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14079
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 186
	<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. COLTON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1848 PINE STREET
 City SAN FRANCISCO State CA Zip Code 94109
 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 ▼ 5000.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14049
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. GERALDI, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 BYRON STREET
 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 ▼ 50.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14076
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

C. GERALDI, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 BYRON STREET
 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 ▼ 50.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14077
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 35 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GERALDI, REBECCA, , ,

Mailing Address 328 BYRON STREET

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 ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017

Transaction ID : INCA14075

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GERALDI, REBECCA, , ,

Mailing Address 328 BYRON STREET

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 ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017

Transaction ID : INCA14074

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GERALDI, REBECCA, , ,

Mailing Address 328 BYRON STREET

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 ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017

Transaction ID : INCA14072

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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 36 OF 186
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GERALDI, REBECCA, , ,

Mailing Address 328 BYRON STREET

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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14073

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GERALDI, REBECCA, , ,

Mailing Address 328 BYRON STREET

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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14071

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GERALDI, REBECCA, , ,

Mailing Address 328 BYRON STREET

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 ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14070

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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 37 OF 186
	<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. GERALDI, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 BYRON STREET
 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 ▼ 50.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14069
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. GERALDI, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 BYRON STREET
 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 ▼ 50.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14078
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

C. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 6779.80

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14106
 Amount of Each Receipt this Period 1250.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1260.00
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 38 OF 186
	<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. KAMRAN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 CERVANTES ROAD
 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 ▼ 15215.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14105
 Amount of Each Receipt this Period 2700.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14095
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14097
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	2720.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 186
	<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. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14099
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14098
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14100
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

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 40 OF 186
	<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. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14102
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14101
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14103
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 41 OF 186
	<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. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14104
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. LAFETRA, SUZANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 EUCLID AVENUE
 City BERKELEY State CA Zip Code 94709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER/FILMMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14096
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. MILLAR, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 BROADWAY #701
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14067
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

SUBTOTAL of Receipts This Page (optional).....▶ 25.00
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 42 OF 186
	<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. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14060

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

B. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14064

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

C. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14061

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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 43 OF 186
	<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. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14063

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

B. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14062

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14065

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CROWLEYFORVA98TH

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 44 OF 186
	<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. MILLAR, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1740 BROADWAY #701

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14066

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

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

Mailing Address 505 MONTGOMERY STREET SUITE 2000

City SAN FRANCISCO	State CA	Zip Code 94111
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) LATHAM & WATKINS	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6705.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14068

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: FRIENDS OF MARIA

C. STANLEY, SUKIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 253 OXFORD AVE

City PALO ALTO	State CA	Zip Code 94306-1133
-------------------	-------------	------------------------

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 ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14045

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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 45 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14044
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14046
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14047
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 46 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14048
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14043
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14041
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

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 47 OF 186
	<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. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14042
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14040
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 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 ▼ 260.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14039
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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 48 OF 186
	<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, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12016 FM 2153

City SANGER	State TX	Zip Code 76266
----------------	-------------	-------------------

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

Name of Employer (for Individual) FIS	Occupation (for Individual) IT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 09 / 20 / 2017
Transaction ID : INCA14092

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. STEWART, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12016 FM 2153

City SANGER	State TX	Zip Code 76266
----------------	-------------	-------------------

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

Name of Employer (for Individual) FIS	Occupation (for Individual) IT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 09 / 20 / 2017
Transaction ID : INCA14091

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. STEWART, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12016 FM 2153

City SANGER	State TX	Zip Code 76266
----------------	-------------	-------------------

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

Name of Employer (for Individual) FIS	Occupation (for Individual) IT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 09 / 20 / 2017
Transaction ID : INCA14094

Amount of Each Receipt this Period
 10.00

Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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 49 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STEWART, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12016 FM 2153
 City SANGER State TX Zip Code 76266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIS Occupation (for Individual) IT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14090
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. STEWART, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12016 FM 2153
 City SANGER State TX Zip Code 76266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIS Occupation (for Individual) IT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14089
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

C. STEWART, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12016 FM 2153
 City SANGER State TX Zip Code 76266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIS Occupation (for Individual) IT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14093
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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 50 OF 186
	(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. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : INCA14055
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : INCA14054
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : INCA14058
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

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 51 OF 186
	<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. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : INCA14053
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : INCA14052
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : INCA14059
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

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 52 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 09 / 20 / 2017
Transaction ID : INCA14050
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 09 / 20 / 2017
Transaction ID : INCA14057
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt
 09 / 20 / 2017
Transaction ID : INCA14051
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 53 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 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 ▼ 3240.00

Date of Receipt 09 / 20 / 2017
Transaction ID : INCA14056
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14110
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14109
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

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: (check only one)	PAGE 54 OF 186
	<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. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14111
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14108
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14117
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

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 55 OF 186
	<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. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14115
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14116
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14113
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

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 56 OF 186
	<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. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14112
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. DOLAN, CHANTAL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11288 EAGLE VIEW DR
 City SANDY State UT Zip Code 84092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) BIOTECHNOLOGY CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14114
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14127
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 35.00
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 57 OF 186
	<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. HWANG, SUSIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
4250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

Transaction ID : INCA14124

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

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 ▼
4250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

Transaction ID : INCA14123

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

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

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 ▼
4250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2017

Transaction ID : INCA14122

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	75.00
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 58 OF 186
	<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. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14119
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14120
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14118
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....	75.00
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 59 OF 186
<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. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14121
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14126
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4250.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14125
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 60 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14138
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14135
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14137
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 61 OF 186
	<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. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14136
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14132
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt 09 / 21 / 2017
Transaction ID : INCA14130
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

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 62 OF 186
	(check only one)
<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"/>	<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. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14133
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14134
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14129
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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 63 OF 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14131
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. SHERMAN, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CARMEL WAY
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 1964 Occupation (for Individual) REAL ESTATE INVESTMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14128
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

C. 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 ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2017
Transaction ID : INCA14107
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 1110.00
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 64 OF 186
	<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. ACKER-LYONS, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3349 WAVERLEY STREET
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 09 / 22 / 2017
Transaction ID : INCA14140
 Amount of Each Receipt this Period 30.00
 Memo Item
 ERMK: SAAD FOR CONGRESS

B. FRANCIS, KERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5940 ESTATES DRIVE
 City OAKLAND State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELOITTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 09 / 22 / 2017
Transaction ID : INCA14139
 Amount of Each Receipt this Period 750.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. KASTNER, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 LINCOLN AVE
 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 ▼ 1050.00

Date of Receipt 09 / 22 / 2017
Transaction ID : IDTA73
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA73

EARMARKED THROUGH ACTBLUE

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 186
	<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. ACTBLUE TECHNICAL SERVICES

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

Mailing Address PO BOX 441146

City SOMMERVILLE	State MA	Zip Code 02144
---------------------	-------------	-------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2017

Transaction ID : INCA14707IDTA73

Amount of Each Receipt this Period
20.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. LAUDER, LAURA, , ,

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

Mailing Address 88 MERCEDES LN

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer (for Individual) LAUDER PARTNERS, LLC	Occupation (for Individual) VENTURE CAPITALIST
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

Transaction ID : INCA14149

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: MORGAN GOODMAN FOR VIRGINIA

C. LAUDER, LAURA, , ,

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

Mailing Address 88 MERCEDES LN

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer (for Individual) LAUDER PARTNERS, LLC	Occupation (for Individual) VENTURE CAPITALIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2017

Transaction ID : INCA14141

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....	50.00
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 67 OF 186
	<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. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14148
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14147
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14146
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	75.00
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 68 OF 186
<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. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14150
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14145
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14143
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	75.00
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 69 OF 186
	<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. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14142
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2017
Transaction ID : INCA14144
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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 ▼ 240.00

Date of Receipt 09 / 25 / 2017
Transaction ID : INCA14153
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	55.00
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 70 OF 186
<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. 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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

Transaction ID : INCA14151

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KLOBUCHAR FOR MINNESOTA

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

Transaction ID : INCA14154

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

Transaction ID : INCA14152

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: PAGE 71 OF 186
(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. 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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

Transaction ID : INCA14156

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2017

Transaction ID : INCA14155

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

C. CHRISTIN, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 892 NEVADA AVE

City SAN JOSE	State CA	Zip Code 95125
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : INCA14206

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

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: (check only one)	PAGE 72 OF 186
	<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. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14198
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14199
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14200
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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 73 OF 186
<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. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14197
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14202
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14205
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 74 OF 186
<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. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017
Transaction ID : INCA14204
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017
Transaction ID : INCA14201
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. CHRISTIN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 892 NEVADA AVE
 City SAN JOSE State CA Zip Code 95125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAYPAL Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017
Transaction ID : INCA14203
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

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 75 OF 186
<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. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14177
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14183
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14182
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

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 76 OF 186
<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. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14181
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14184
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

C. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14178
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

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 77 OF 186
	<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. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14180
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14179
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14185
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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 78 OF 186
	<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. COZZI, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 HALSEY STREET
 City BROOKLYN State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIORGIO ARMANI Occupation (for Individual) SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14186
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. DILLON, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 23RD ST NW
 City WASHINGTON State DC Zip Code 20037
 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 ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14171
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. DILLON, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 23RD ST NW
 City WASHINGTON State DC Zip Code 20037
 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 ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14175
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

SUBTOTAL of Receipts This Page (optional).....	25.00
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 79 OF 186
	<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. DILLON, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 23RD ST NW
 City WASHINGTON State DC Zip Code 20037
 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 ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14176
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. DILLON, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 23RD ST NW
 City WASHINGTON State DC Zip Code 20037
 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 ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14172
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. DILLON, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1111 23RD ST NW
 City WASHINGTON State DC Zip Code 20037
 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 ▼ 100.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14174
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

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 80 OF 186
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILLON, KATHLEEN, , ,

Mailing Address 1111 23RD ST NW

City WASHINGTON	State DC	Zip Code 20037
--------------------	-------------	-------------------

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 ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : INCA14167

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILLON, KATHLEEN, , ,

Mailing Address 1111 23RD ST NW

City WASHINGTON	State DC	Zip Code 20037
--------------------	-------------	-------------------

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 ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : INCA14169

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILLON, KATHLEEN, , ,

Mailing Address 1111 23RD ST NW

City WASHINGTON	State DC	Zip Code 20037
--------------------	-------------	-------------------

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 ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : INCA14170

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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 81 OF 186
(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
DILLON, KATHLEEN, , ,

Mailing Address **1111 23RD ST NW**

City WASHINGTON	State DC	Zip Code 20037
---------------------------	--------------------	--------------------------

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 ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : INCA14168

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILLON, KATHLEEN, , ,

Mailing Address **1111 23RD ST NW**

City WASHINGTON	State DC	Zip Code 20037
---------------------------	--------------------	--------------------------

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 ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : INCA14173

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAY, BARBARA, , ,

Mailing Address **POB 166**

City PT REYES	State CA	Zip Code 94956
-------------------------	--------------------	--------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : INCA14166

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 82 OF 186
	<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. JAY, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POB 166

City PT REYES	State CA	Zip Code 94956
------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : INCA14161

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

B. JAY, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POB 166

City PT REYES	State CA	Zip Code 94956
------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : INCA14162

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

C. JAY, BARBARA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POB 166

City PT REYES	State CA	Zip Code 94956
------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : INCA14165

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MORGAN GOODMAN FOR VIRGINIA

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 83 OF 186
(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
JAY, BARBARA, , ,

Mailing Address POB 166

City PT REYES State CA Zip Code 94956

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : INCA14157

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAY, BARBARA, , ,

Mailing Address POB 166

City PT REYES State CA Zip Code 94956

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : INCA14163

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JAY, BARBARA, , ,

Mailing Address POB 166

City PT REYES State CA Zip Code 94956

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017

Transaction ID : INCA14158

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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 84 OF 186
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JAY, BARBARA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2017
Mailing Address POB 166			Transaction ID : INCA14160
City PT REYES	State CA	Zip Code 94956	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ERMK: JENNIFER CARROLL FOY FOR DELEGATE
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JAY, BARBARA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2017
Mailing Address POB 166			Transaction ID : INCA14159
City PT REYES	State CA	Zip Code 94956	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ERMK: ELIZABETH GUZMAN FOR DELEGATE
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JAY, BARBARA, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2017
Mailing Address POB 166			Transaction ID : INCA14164
City PT REYES	State CA	Zip Code 94956	Amount of Each Receipt this Period 5.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item ERMK: CROWLEYFORVA98TH
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 50.00	

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 85 OF 186
	<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. 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) TUSCAN TRAVEL GROUP Occupation (for Individual) TRAVEL CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 27 / 2017
Transaction ID : INCA14207
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14188
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14187
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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: (check only one)	PAGE 86 OF 186
	<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. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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
 09 / 27 / 2017
Transaction ID : INCA14196
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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
 09 / 27 / 2017
Transaction ID : INCA14195
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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
 09 / 27 / 2017
Transaction ID : INCA14194
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

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 87 OF 186
	<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. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14193
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14192
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14190
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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 88 OF 186
	<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. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14189
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. RHODE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 HELMO AVENUE NORTH
 City SAINT PAUL State MN Zip Code 55128
 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 09 / 27 / 2017
Transaction ID : INCA14191
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. HOWARD, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 TIPTOE LANE
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARBUTUS BIOPHARMA Occupation (for Individual) GENERAL COUNSEL, EVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14208
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

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 89 OF 186
	(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. KANG, JAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 FAY AVENUE
 City SAN CARLOS State CA Zip Code 94070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROMIUM, INC. Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14209
 Amount of Each Receipt this Period 1000.00
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14211
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14212
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

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 90 OF 186
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14213
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14215
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14220
 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 91 OF 186
	<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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14219
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14214
 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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14218
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

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 92 OF 186
	<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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14217
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

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 ▼ 500.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14216
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

C. PEARL, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 S EL MONTE AVENUE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACORN FINANCIAL PLANNING Occupation (for Individual) REGISTERED INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2017
Transaction ID : INCA14210
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

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 93 OF 186
(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
HSIAO, JANE, , ,

Mailing Address **348 S GORDON WAY**

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) **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2005.00

Date of Receipt
09 / 30 / 2017

Transaction ID : INCA14221

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: HEIDI FOR SENATE

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	41430.00

**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 94 OF 186
<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. BRIANNA WU FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 689 MAIN ST., NO. 302

City WALPOLE	State MA	Zip Code 02081
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00633669

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14525

Amount of Each Receipt this Period
0.40

Memo Item

B. BRIANNA WU FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 689 MAIN ST., NO. 302

City WALPOLE	State MA	Zip Code 02081
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00633669

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13955

Amount of Each Receipt this Period
0.20

Memo Item

C. CHRISSE HOULAHAN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 222

City DEVON	State PA	Zip Code 19333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637371

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
7.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14523

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.00
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 95 OF 186
<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. CHRISSY HOULAHAN FOR CONGRESS

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

Mailing Address PO BOX 222

City DEVON	State PA	Zip Code 19333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637371

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13945

Amount of Each Receipt this Period
0.60

Memo Item

B. DR. TRAN FOR CONGRESS

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

Mailing Address 777 S. FIGUEROA ST.

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

FEC ID number of contributing federal political committee. **C** C00647081

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13950

Amount of Each Receipt this Period
0.60

Memo Item

C. ELECTING WOMEN BAY AREA 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 ▼
1320.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14522

Amount of Each Receipt this Period
480.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	481.20
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 96 OF 186
<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
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FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14519

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address P.O. BOX 598

City DUBUQUE	State IA	Zip Code 52004
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637074

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13944

Amount of Each Receipt this Period
0.40

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)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
777.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14520

Amount of Each Receipt this Period
220.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.40
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 97 OF 186
<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. 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
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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 ▼
576.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : INCA13940

Amount of Each Receipt this Period
 40.00

Memo Item

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

Mailing Address 6825 SOUTH 7TH STREET

City PHOENIX	State AZ	Zip Code 85042
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00649897

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : INCA13953

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 ▼
35.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2017

Transaction ID : INCA13952

Amount of Each Receipt this Period
 0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.40
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 98 OF 186
<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. KATIE PORTER FOR CONGRESS
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** C00636571

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13948

Amount of Each Receipt this Period
0.40

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 ▼
4.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13951

Amount of Each Receipt this Period
0.40

Memo Item

C. LISA MANDELBLATT FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2334

City WESTFIELD	State NJ	Zip Code 07091
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00639252

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13947

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1.20
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 99 OF 186
<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. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 30632

City ROCHESTER	State NY	Zip Code 14603
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00213611

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA14524

Amount of Each Receipt this Period
0.40

Memo Item

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O. BOX 30632

City ROCHESTER	State NY	Zip Code 14603
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00213611

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13954

Amount of Each Receipt this Period
0.20

Memo Item

C. 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 ▼
31.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : INCA13941

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).....▶	

**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 100 OF 186
<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 ▼
31.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

Transaction ID : INCA14521

Amount of Each Receipt this Period
0.40

Memo Item

B. SUE SULLIVAN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1133

City KINGSTON	State CA	Zip Code 12402
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00640680

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

Transaction ID : INCA13949

Amount of Each Receipt this Period
0.40

Memo Item

C. VICKI JENSEN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 346

City OWATONNA	State MN	Zip Code 55060
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00647040

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

Transaction ID : INCA13946

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
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 101 OF 186
<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
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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 ▼
6.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14534

Amount of Each Receipt this Period

0.80

 Memo Item

B. ELECTING WOMEN BAY AREA 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 ▼
1320.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14533

Amount of Each Receipt this Period

80.00

 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 ▼
4280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14526

Amount of Each Receipt this Period

80.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.80
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 102 OF 186
<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 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 ▼
5.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14535

Amount of Each Receipt this Period
0.80

Memo Item

B. 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 ▼
777.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14528

Amount of Each Receipt this Period
200.00

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 ▼
576.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14530

Amount of Each Receipt this Period
0.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	201.60
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 103 OF 186
<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. 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 ▼
1853.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14529

Amount of Each Receipt this Period
0.80

Memo Item

B. 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
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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 ▼
31.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14532

Amount of Each Receipt this Period
0.80

Memo Item

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

Mailing Address PO Box 90

City NORTHVILLE	State MI	Zip Code 48167
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00650804

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2017

Transaction ID : INCA14536

Amount of Each Receipt this Period
34.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.60
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 104 OF 186
<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. 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
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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 ▼
1493.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2017

Transaction ID : INCA14527

Amount of Each Receipt this Period

0.80

 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 ▼
1984.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2017

Transaction ID : INCA14531

Amount of Each Receipt this Period

0.80

 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 ▼
777.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2017

Transaction ID : INCA14537

Amount of Each Receipt this Period

60.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	61.60
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 105 OF 186
<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. 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 ▼
576.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14538

Amount of Each Receipt this Period
240.00

Memo Item

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

Mailing Address PO Box 90

City NORTHVILLE	State MI	Zip Code 48167
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00650804

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

Transaction ID : INCA14539

Amount of Each Receipt this Period
56.80

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
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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 ▼
4280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14540

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.00
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 106 OF 186
<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 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 ▼
777.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14543

Amount of Each Receipt this Period
40.00

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 ▼
2940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14541

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 ▼
576.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14544

Amount of Each Receipt this Period
268.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.20
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 107 OF 186
<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. 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 ▼
11.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14546

Amount of Each Receipt this Period
0.20

Memo Item

B. 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 ▼
53.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14542

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO Box 90

City NORTHVILLE	State MI	Zip Code 48167
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00650804

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : INCA14547

Amount of Each Receipt this Period
5.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5.60
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 108 OF 186
<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 ▼
1984.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2017

Transaction ID : INCA14545

Amount of Each Receipt this Period

0.20

 Memo Item

B.

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

C.

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.20
TOTAL This Period (last page this line number only).....▶	1857.20

**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
09 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB14579

Amount of Each Disbursement this Period

[REDACTED] 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
09 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB13959

Amount of Each Disbursement this Period

[REDACTED] 44.46

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
09 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB13957

Amount of Each Disbursement this Period

[REDACTED] 1653.88

Memo Item

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

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

[REDACTED] 1723.34

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

C
Transaction ID : EXPB13958
Amount of Each Disbursement this Period
375.29

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement
BANK 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
09 / 11 / 2017

FEC Identification Number

C
Transaction ID : EXPB14578
Amount of Each Disbursement this Period
53.88

Memo Item

Full Name (Last, First, Middle Initial)

C. VIEW AVENUE GROUP

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

C
Transaction ID : EXPB13968
Amount of Each Disbursement this Period
159.07

Memo Item

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

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

588.24

**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

A. VIEW AVENUE GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement COMPLIANCE/REPORTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2017

FEC Identification Number: C

Transaction ID : EXPB13966

Amount of Each Disbursement this Period: 3007.50

Memo Item

B. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 441146

City SOMMERVILLE State MA Zip Code 02144

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name ACTBLUE TECHNICAL SERVICES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 17 / 2017

FEC Identification Number: C

Transaction ID : EXPB14584

Amount of Each Disbursement this Period: 17.87

Memo Item

C. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 441146

City SOMMERVILLE State MA Zip Code 02144

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name ACTBLUE TECHNICAL SERVICES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2017

FEC Identification Number: C

Transaction ID : EXPB14585

Amount of Each Disbursement this Period: 5.71

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3031.08

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

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

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

FOR LINE NUMBER: (check only one)

<input 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

A. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 441146

City SOMMERVILLE State MA Zip Code 02144

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name ACTBLUE TECHNICAL SERVICES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2017

FEC Identification Number: C

Transaction ID : EXPB14586

Amount of Each Disbursement this Period: 6.92

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6.92

TOTAL This Period (last page this line number only)..... ▶ 5349.58

**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. BRIANNA WU FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 689 MAIN ST., NO. 302

City WALPOLE State MA Zip Code 02081

Purpose of Disbursement
ERMK: ELEANOR BONSAINT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WU, BRIANNA, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00633669

Transaction ID : EXPB13898

Amount of Each Disbursement this Period

5.00

Memo Item

B. BRIANNA WU FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 689 MAIN ST., NO. 302

City WALPOLE State MA Zip Code 02081

Purpose of Disbursement
ERMK: BONNIE CA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WU, BRIANNA, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00633669

Transaction ID : EXPB14250

Amount of Each Disbursement this Period

10.00

Memo Item

C. CHRISSE HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00637371

Transaction ID : EXPB13877

Amount of Each Disbursement this Period

10.00

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

A. CHRISSY HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City
DEVON

State
PA

Zip Code
19333

Purpose of Disbursement
ERMK: ELEANOR BONSAINT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00637371

Transaction ID : EXPB13896

Amount of Each Disbursement this Period

5.00

Memo Item

B. CHRISSY HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City
DEVON

State
PA

Zip Code
19333

Purpose of Disbursement
ERMK: BONNIE CA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00637371

Transaction ID : EXPB14251

Amount of Each Disbursement this Period

10.00

Memo Item

C. DR. TRAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 777 S. FIGUEROA ST.

City
LOS ANGELES

State
CA

Zip Code
90017

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
TRAN, MAI-KHANH, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00647081

Transaction ID : EXPB13882

Amount of Each Disbursement this Period

10.00

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. DR. TRAN FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
09 / 06 / 2017

Mailing Address 777 S. FIGUEROA ST.

City: LOS ANGELES State: CA Zip Code: 90017

Purpose of Disbursement: ERMK: AIMEE CHEEK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **TRAN, MAI-KHANH, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District: 39

FEC Identification Number: **C00647081**
Transaction ID : **EXPB13884**
Amount of Each Disbursement this Period: **5.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. ELECTING WOMEN BAY AREA PAC

Date of Disbursement: MM / DD / YYYY
09 / 06 / 2017

Mailing Address 393 7TH AVENUE, SUITE 301

City: SAN FRANCISCO State: CA Zip Code: 94118

Purpose of Disbursement: ERMK: LISA ACREE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **ELECTING WOMEN BAY AREA PAC**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C00585687**
Transaction ID : **EXPB13873**
Amount of Each Disbursement this Period: **1000.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. ELECTING WOMEN BAY AREA PAC

Date of Disbursement: MM / DD / YYYY
09 / 06 / 2017

Mailing Address 393 7TH AVENUE, SUITE 301

City: SAN FRANCISCO State: CA Zip Code: 94118

Purpose of Disbursement: ERMK: MARY SPEISER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **ELECTING WOMEN BAY AREA PAC**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C00585687**
Transaction ID : **EXPB13887**
Amount of Each Disbursement this Period: **1000.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **2005.00**

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 BAY AREA PAC		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C00585687 Transaction ID : EXPB13888 Amount of Each Disbursement this Period 1000.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement ERMK: AMANDA ARCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ELECTING WOMEN BAY AREA PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELECTING WOMEN BAY AREA PAC		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C00585687 Transaction ID : EXPB13889 Amount of Each Disbursement this Period 1000.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement ERMK: SARAH DORAHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ELECTING WOMEN BAY AREA PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ELECTING WOMEN BAY AREA PAC		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C00585687 Transaction ID : EXPB13890 Amount of Each Disbursement this Period 1000.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement ERMK: ELIZABETH CABRASER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ELECTING WOMEN BAY AREA PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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. ELECTING WOMEN BAY AREA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: JEANIE KAHN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00585687
Transaction ID : EXPB13891

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. ELECTING WOMEN BAY AREA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: PAMELA DEAS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00585687
Transaction ID : EXPB13892

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. ELECTING WOMEN BAY AREA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: CAPPIE GARRETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00585687
Transaction ID : EXPB13893

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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. ELECTING WOMEN BAY AREA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: ARIEL KELLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00585687
Transaction ID : EXPB13894

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. ELECTING WOMEN BAY AREA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: MARGUERITE LONGTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00585687
Transaction ID : EXPB13895

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. ELECTING WOMEN BAY AREA PAC

Full Name (Last, First, Middle Initial)

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: ARLENE KRAUSHAAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00585687
Transaction ID : EXPB14247

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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. ELIZABETH FOR MA INC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: RACHAEL MENY-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: 09 / 06 / 2017

FEC Identification Number: C00500843
Transaction ID : EXPB14255
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 598

City DUBUQUE State IA Zip Code 52004

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FINKENAUER, ABBY, , ,

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

State: IA District: 01

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00637074
Transaction ID : EXPB13876
Amount of Each Disbursement this Period: 10.00

Memo Item

C. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: KERRY FRANCIS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

State: WA District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C00349506
Transaction ID : EXPB14248
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1510.00

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. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14249 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: SARA SMIRIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14252 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: NANCY HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14256 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: MARY SPEISER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14257 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: RACHAEL MENY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14258 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: KIMBERLY CLEMENT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 06 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB13872 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: LAURA CORNISH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
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: ND	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 30632

City ROCHESTER State NY Zip Code 14603

Purpose of Disbursement
ERMK: BONNIE CA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SLAUGHTER, LOUISE, , ,

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

State: NY District: 25

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: **C00213611**
Transaction ID : **EXPB14253**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-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: 09 / 06 / 2017

FEC Identification Number: **C00606939**
Transaction ID : **EXPB13875**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: ELEANOR BONSAINT-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: 09 / 06 / 2017

FEC Identification Number: **C00606939**
Transaction ID : **EXPB13899**
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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. ROSEN FOR NEVADA

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

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: BONNIE CA-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
09 / 06 / 2017

FEC Identification Number

C C00606939

Transaction ID : EXPB14254

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SUE SULLIVAN FOR CONGRESS

Mailing Address PO BOX 1133

City KINGSTON State CA Zip Code 12402

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SULLIVAN, SUE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 19

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00640680

Transaction ID : EXPB13881

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. VICKI JENSEN FOR CONGRESS

Mailing Address P.O. BOX 346

City OWATONNA State MN Zip Code 55060

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
JENSEN, VICKI, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2017

FEC Identification Number

C C00647040

Transaction ID : EXPB13878

Amount of Each Disbursement this Period

10.00

Memo Item

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

30.00

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. CAROL SHEA-PORTER FOR CONGRESS

Mailing Address P.O. BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement
ERMK: LAURA EHRAMJIAN-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: 09 / 13 / 2017

FEC Identification Number: C00419978
Transaction ID : EXPB14259
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CAROL SHEA-PORTER FOR CONGRESS

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: 09 / 13 / 2017

FEC Identification Number: C00419978
Transaction ID : EXPB14260
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CAROL SHEA-PORTER FOR CONGRESS

Mailing Address P.O. BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement
ERMK: TERI PERL-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: 09 / 13 / 2017

FEC Identification Number: C00419978
Transaction ID : EXPB14261
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. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: LISA LIDDLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

ELECTING WOMEN BAY AREA PAC

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

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C C00585687

Transaction ID : EXPB14283

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: SUZANNE LAFETRA COLLIER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name

ELECTING WOMEN BAY AREA PAC

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

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C C00585687

Transaction ID : EXPB14289

Amount of Each Disbursement this Period

1000.00

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: NATASHA DOLBY-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

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C C00500843

Transaction ID : EXPB14262

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB14284 Amount of Each Disbursement this Period 1000.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: TZIPOR ULMAN-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. FRIENDS OF CHERI BUSTOS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1050 17TH ST NW STE 590		FEC Identification Number C00498568 Transaction ID : EXPB14263 Amount of Each Disbursement this Period 10.00
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name BUSTOS, CHERI, , ,		
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: IL	District: 17	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF CHERI BUSTOS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1050 17TH ST NW STE 590		FEC Identification Number C00498568 Transaction ID : EXPB14264 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name BUSTOS, CHERI, , ,		
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: IL	District: 17	<input type="checkbox"/> Memo Item

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

1015.00

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 CHERI BUSTOS

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 13 / 2017

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
ERMK: TERI PERL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BUSTOS, CHERI, , ,

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

State: IL District: 17

FEC Identification Number: **C00498568**
Transaction ID : EXPB14265
Amount of Each Disbursement this Period: 5.00

Memo Item

B. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 13 / 2017

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

State: WA District:

FEC Identification Number: **C00349506**
Transaction ID : EXPB14266
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 13 / 2017

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: LISA ACREE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

State: WA District:

FEC Identification Number: **C00349506**
Transaction ID : EXPB14267
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2005.00

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. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14285 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: AMANDA SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14286 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: SIMONE COXE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14290 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: LISA LITTLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
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: WA	District:	<input type="checkbox"/> Memo Item

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

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

3000.00

**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

A. 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: LAURA EHRAMJIAN-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: 09 / 13 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB14268

Amount of Each Disbursement this Period: 10.00

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: 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: 09 / 13 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB14269

Amount of Each Disbursement this Period: 5.00

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: TERI PERL-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: 09 / 13 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB14270

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

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: LAURA EHRAMJIAN-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: 09 / 13 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB14271

Amount of Each Disbursement this Period: 10.00

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: 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: 09 / 13 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB14272

Amount of Each Disbursement this Period: 5.00

Memo Item

C. 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: TERI PERL-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: 09 / 13 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB14273

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. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB14274 Amount of Each Disbursement this Period 10.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
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	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB14275 Amount of Each Disbursement this Period 5.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: MARGARET FLUHR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
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	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB14276 Amount of Each Disbursement this Period 5.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: TERI PERL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
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	<input type="checkbox"/> 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. SAAD FOR CONGRESS

Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: HILLARY FRANK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14287

Amount of Each Disbursement this Period

100.00

Memo Item

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

Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: LISA DIAZ NASH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14288

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)
C. SAAD FOR CONGRESS

Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

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

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14291

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)..... ▶

300.00

**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

A. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: ROSALIND BORDO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

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

State: MI District: 11

Date of Disbursement: 09 / 13 / 2017

FEC Identification Number: C00650804
Transaction ID : EXPB14292
Amount of Each Disbursement this Period: 500.00

Memo Item

B. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: CAIT EVANS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

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

State: MI District: 11

Date of Disbursement: 09 / 13 / 2017

FEC Identification Number: C00650804
Transaction ID : EXPB14293
Amount of Each Disbursement this Period: 50.00

Memo Item

C. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: LAURA EHRAMJIAN-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: 09 / 13 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB14277
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 560.00

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. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)

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
09 / 13 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB14278

Amount of Each Disbursement this Period

5.00

Memo Item

B. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: TERI PERL-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
09 / 13 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB14279

Amount of Each Disbursement this Period

5.00

Memo Item

C. 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: LAURA EHRAMJIAN-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
09 / 13 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB14280

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

20.00

**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. 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
09 / 13 / 2017

FEC Identification Number
C C00326801
Transaction ID : EXPB14281

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: TERI PERL-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
09 / 13 / 2017

FEC Identification Number
C C00326801
Transaction ID : EXPB14282

Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: JILLIAN MCNERNEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement
MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number
C C00349506
Transaction ID : EXPB14294

Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 510.00

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. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: SARAH SANDS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: **C** C00349506
Transaction ID : EXPB14295
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: MICHELLE MERCER-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: 09 / 20 / 2017

FEC Identification Number: **C** C00505552
Transaction ID : EXPB14296
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: LISA DIAZ NASH-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: 09 / 20 / 2017

FEC Identification Number: **C** C00505552
Transaction ID : EXPB14307
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14308
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: ROBYN HELMLINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 1000.00
Candidate Name HEITKAMP, HEIDI, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14309
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 1000.00
Candidate Name HEITKAMP, HEIDI, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14310
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: SARAH DORAHY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 1000.00
Candidate Name HEITKAMP, HEIDI, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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. 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: SUZI ALEXANDER-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: 09 / 20 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB14311
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 11

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: C00650804
Transaction ID : EXPB14297
Amount of Each Disbursement this Period: 100.00

Memo Item

C. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: SILVIA SCANDAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 11

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: C00650804
Transaction ID : EXPB14298
Amount of Each Disbursement this Period: 50.00

Memo Item

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

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

1150.00

**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

A. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

Purpose of Disbursement
ERMK: MATTHEW MAHAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14299

Amount of Each Disbursement this Period

50.00

Memo Item

B. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

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

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14300

Amount of Each Disbursement this Period

20.00

Memo Item

C. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

Purpose of Disbursement
ERMK: CATHERINE FOSTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14301

Amount of Each Disbursement this Period

200.00

Memo Item

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

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

270.00

**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

A. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

Purpose of Disbursement
ERMK: SHELLY MASUR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14302

Amount of Each Disbursement this Period

100.00

Memo Item

B. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

Purpose of Disbursement
ERMK: DYLAN TATZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14303

Amount of Each Disbursement this Period

100.00

Memo Item

C. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 90

City
NORTHVILLE

State
MI

Zip Code
48167

Purpose of Disbursement
ERMK: DONALD DRUMRIGHT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name

SAAD, FAYROUZ, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2017

FEC Identification Number

C C00650804

Transaction ID : EXPB14304

Amount of Each Disbursement this Period

200.00

Memo Item

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

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

400.00

**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

A. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

Purpose of Disbursement
ERMK: MEHDI ALHASSANI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SAAD, FAYROUZ, , ,

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

State: MI District: 11

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: C00650804
Transaction ID : EXPB14305
Amount of Each Disbursement this Period: 500.00

Memo Item

B. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 90

City NORTHVILLE State MI Zip Code 48167

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

Candidate Name
SAAD, FAYROUZ, , ,

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

State: MI District: 11

Date of Disbursement: 09 / 20 / 2017

FEC Identification Number: C00650804
Transaction ID : EXPB14306
Amount of Each Disbursement this Period: 100.00

Memo Item

C. ELIZABETH FOR MA INC

Full Name (Last, First, Middle Initial)
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: 09 / 27 / 2017

FEC Identification Number: C00500843
Transaction ID : EXPB14424
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 605.00

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. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City
SEATTLE

State
WA

Zip Code
98111

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

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	7

FEC Identification Number

C C00349506

Transaction ID : EXPB14337

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

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
0	9		2	7		2	0	1	7

FEC Identification Number

C C00413914

Transaction ID : EXPB14425

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City
BISMARCK

State
ND

Zip Code
58502

Purpose of Disbursement
ERMK: ELIZABETH COLTON-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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	7

FEC Identification Number

C C00505552

Transaction ID : EXPB14338

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2005.00

**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. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: LINDA KAMRAN-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
09 / 27 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB14339

Amount of Each Disbursement this Period

2700.00

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: SHANNON HUNT-SCOTT-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
09 / 27 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB14340

Amount of Each Disbursement this Period

1250.00

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: SARA SMIRIN-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
09 / 27 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB14392

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4950.00

**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. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14412 Amount of Each Disbursement this Period 750.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: KERRY FRANCIS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

Full Name (Last, First, Middle Initial) B. KAMALA HARRIS FOR SENATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 777 S FIGUEROA ST STE 4050		FEC Identification Number C00571919 Transaction ID : EXPB14426 Amount of Each Disbursement this Period 5.00
City LOS ANGELES	State CA	Zip Code 90017
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HARRIS, KAMALA, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) C. KLOBUCHAR FOR MINNESOTA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 4146		FEC Identification Number C00431353 Transaction ID : EXPB14427 Amount of Each Disbursement this Period 5.00
City ST PAUL	State MN	Zip Code 55104
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name KLOBUCHAR, AMY, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	760.00
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. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 90

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City NORTHVILLE State MI Zip Code 48167

FEC Identification Number

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00650804
---	-----------

Candidate Name
SAAD, FAYROUZ, , ,

Transaction ID : **EXPB14411**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: MI District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

100.00

Memo Item

B. SAAD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 90

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City NORTHVILLE State MI Zip Code 48167

FEC Identification Number

Purpose of Disbursement
ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00650804
---	-----------

Candidate Name
SAAD, FAYROUZ, , ,

Transaction ID : **EXPB14413**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: MI District: 11

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

30.00

Memo Item

C. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 696

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City MADISON State WI Zip Code 53701

FEC Identification Number

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

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

Candidate Name
BALDWIN, TAMMY, , ,

Transaction ID : **EXPB14428**

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: WI District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

5.00

Memo Item

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

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

135.00

46430.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CHERYL TURPIN FOR VIRGINIA BEACH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

FEC Identification Number

C

Transaction ID : EXPB14312

Amount of Each Disbursement this Period

5.00

Memo Item

Candidate Name
TURPIN, CHERYL, , ,

Office Sought: House
 Senate
 President
State: VA District: 85

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CHERYL TURPIN FOR VIRGINIA BEACH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

FEC Identification Number

C

Transaction ID : EXPB14382

Amount of Each Disbursement this Period

10.00

Memo Item

Candidate Name
TURPIN, CHERYL, , ,

Office Sought: House
 Senate
 President
State: VA District: 85

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CHERYL TURPIN FOR VIRGINIA BEACH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

FEC Identification Number

C

Transaction ID : EXPB14414

Amount of Each Disbursement this Period

25.00

Memo Item

Candidate Name
TURPIN, CHERYL, , ,

Office Sought: House
 Senate
 President
State: VA District: 85

Disbursement For:
 Primary General
 Other (specify) ▼

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

40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. CHERYL TURPIN FOR VIRGINIA BEACH

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement
ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
TURPIN, CHERYL, , ,

24T

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 85

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : EXPB14381

Amount of Each Disbursement this Period

2	5	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. CHERYL TURPIN FOR VIRGINIA BEACH

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
TURPIN, CHERYL, , ,

24T

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 85

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : EXPB14317

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. CHERYL TURPIN FOR VIRGINIA BEACH

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
TURPIN, CHERYL, , ,

24T

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 85

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : EXPB14380

Amount of Each Disbursement this Period

5	0	0	0
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Memo Item

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

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

4	0	0	0
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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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14313
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name TURPIN, CHERYL, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 85	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14315
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name TURPIN, CHERYL, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 85	Amount of Each Disbursement this Period 50.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14314
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name TURPIN, CHERYL, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CHERYL TURPIN FOR VIRGINIA BEACH

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 27 / 2017

Mailing Address 4540 PRINCESS ANNE ROAD
SUITE 114 #189

City VIRGINIA BEACH State VA Zip Code 23462

Purpose of Disbursement ERMK: KIM STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name TURPIN, CHERYL, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 85

FEC Identification Number: C
Transaction ID : EXPB14316
Amount of Each Disbursement this Period: 10.00
 Memo Item

B. CROWLEYFORVA98TH

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 27 / 2017

Mailing Address PO BOX 298

City PORT HAYWOOD State VA Zip Code 23138

Purpose of Disbursement ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name CROWLEY, SHIELA, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 98

FEC Identification Number: C
Transaction ID : EXPB14384
Amount of Each Disbursement this Period: 25.00
 Memo Item

C. CROWLEYFORVA98TH

Full Name (Last, First, Middle Initial)
Date of Disbursement: 09 / 27 / 2017

Mailing Address PO BOX 298

City PORT HAYWOOD State VA Zip Code 23138

Purpose of Disbursement ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name CROWLEY, SHIELA, , ,
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 98

FEC Identification Number: C
Transaction ID : EXPB14415
Amount of Each Disbursement this Period: 25.00
 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14385
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 98	

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14318
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 98	

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14323
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: KIM STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 98	

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14319
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name CROWLEY, SHIELA, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 98	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14324
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name CROWLEY, SHIELA, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 98	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14320
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name CROWLEY, SHIELA, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14322 Amount of Each Disbursement this Period [REDACTED] 50.00
City PORT HAYWOOD	State VA	
Zip Code 23138	Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED	Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 98	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14321 Amount of Each Disbursement this Period [REDACTED] 5.00
City PORT HAYWOOD	State VA	
Zip Code 23138	Purpose of Disbursement ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED	Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 98	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14383 Amount of Each Disbursement this Period [REDACTED] 5.00
City PORT HAYWOOD	State VA	
Zip Code 23138	Purpose of Disbursement ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED	Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District: 98	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 60.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB14416
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name GUZMAN, ELIZABETH, , ,		Amount of Each Disbursement this Period [REDACTED] 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 31	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB14388
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name GUZMAN, ELIZABETH, , ,		Amount of Each Disbursement this Period [REDACTED] 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 31	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB14387
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name GUZMAN, ELIZABETH, , ,		Amount of Each Disbursement this Period [REDACTED] 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 31	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 60.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City
WOODBIDGE

State
VA

Zip Code
22195

FEC Identification Number

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

C

Transaction ID : EXPB14386

Candidate Name
GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

5.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: VA District: 31

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City
WOODBIDGE

State
VA

Zip Code
22195

FEC Identification Number

Purpose of Disbursement
ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

C

Transaction ID : EXPB14328

Candidate Name
GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

5.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: VA District: 31

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City
WOODBIDGE

State
VA

Zip Code
22195

FEC Identification Number

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

24T

C

Transaction ID : EXPB14329

Candidate Name
GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

50.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: VA District: 31

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House
 Senate
 President
State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

FEC Identification Number

C

Transaction ID : **EXPB14330**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House
 Senate
 President
State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

FEC Identification Number

C

Transaction ID : **EXPB14326**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House
 Senate
 President
State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

FEC Identification Number

C

Transaction ID : **EXPB14327**

Amount of Each Disbursement this Period

5.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
State: VA District: 31

Disbursement For: Primary General Other (specify) ▼

Category/Type: **24T**

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C**

Transaction ID : **EXPB14325**

Amount of Each Disbursement this Period: **5.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Category/Type: **24T**

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C**

Transaction ID : **EXPB14336**

Amount of Each Disbursement this Period: **10.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Category/Type: **24T**

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C**

Transaction ID : **EXPB14417**

Amount of Each Disbursement this Period: **25.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **40.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14331**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14332**
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14333**
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED] Transaction ID : EXPB14389
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 13	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED] Transaction ID : EXPB14390
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 13	

Full Name (Last, First, Middle Initial) C. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED] Transaction ID : EXPB14391
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

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

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14335**

Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14334**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
State: VA District: 02

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14393**

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name **CARROLL, JENNIFER, , ,**

FEC Identification Number

C

Transaction ID : **EXPB14394**

Amount of Each Disbursement this Period

25.00

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name **CARROLL, JENNIFER, , ,**

FEC Identification Number

C

Transaction ID : **EXPB14395**

Amount of Each Disbursement this Period

10.00

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROLL FOY FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name **CARROLL, JENNIFER, , ,**

FEC Identification Number

C

Transaction ID : **EXPB14341**

Amount of Each Disbursement this Period

5.00

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Memo Item

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

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

40.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14418**

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14342**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14343**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : EXPB14344

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

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

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : EXPB14346

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : EXPB14347

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

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

Candidate Name **CARROLL, JENNIFER, , ,** Category/Type **24T**

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

State: VA District: 02

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14345**

Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,** Category/Type **24T**

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

State: VA District: 67

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14419**

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,** Category/Type **24T**

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

State: VA District: 67

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14351**

Amount of Each Disbursement this Period: 5.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

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

State: VA District: 67

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB14397**
Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

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

State: VA District: 67

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB14349**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

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

State: VA District: 67

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : **EXPB14350**
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

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

C
24T
Category/Type

Transaction ID : EXPB14352
Amount of Each Disbursement this Period
50.00

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 67	

Memo Item

B. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/Type

Transaction ID : EXPB14396
Amount of Each Disbursement this Period
5.00

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 67	

Memo Item

C. KARRIE DELANEY FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 230542

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City CENTREVILLE State VA Zip Code 20120

FEC Identification Number

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

C
24T
Category/Type

Transaction ID : EXPB14353
Amount of Each Disbursement this Period
10.00

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 67	

Memo Item

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

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

65.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: DELANEY, KARRIE, , ,

24T
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : EXPB14398
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: DELANEY, KARRIE, , ,

24T
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : EXPB14354
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City: CENTREVILLE State: VA Zip Code: 20120

Purpose of Disbursement: ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: DELANEY, KARRIE, , ,

24T
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : EXPB14348
Amount of Each Disbursement this Period
5.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	7		2	0	1	7		

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB14400

Candidate Name

MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

[REDACTED] 25.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: VA District: 34

Full Name (Last, First, Middle Initial)

B. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	7		2	0	1	7		

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB14399

Candidate Name

MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: VA District: 34

Full Name (Last, First, Middle Initial)

C. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	7		2	0	1	7		

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB14358

Candidate Name

MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: VA District: 34

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

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

[REDACTED] 35.00

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
State: VA District: 34

Disbursement For: Primary General Other (specify) ▼

Category/Type: **24T**

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C**

Transaction ID : **EXPB14420**

Amount of Each Disbursement this Period: **25.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
State: VA District: 34

Disbursement For: Primary General Other (specify) ▼

Category/Type: **24T**

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C**

Transaction ID : **EXPB14401**

Amount of Each Disbursement this Period: **10.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
State: VA District: 34

Disbursement For: Primary General Other (specify) ▼

Category/Type: **24T**

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: **C**

Transaction ID : **EXPB14361**

Amount of Each Disbursement this Period: **10.00**

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHLEEN MURPHY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement: 09 / 27 / 2017

Mailing Address: PO BOX 146

City: MCLEAN State: VA Zip Code: 22101

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

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB14359

Amount of Each Disbursement this Period: 50.00

Memo Item

B. KATHLEEN MURPHY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement: 09 / 27 / 2017

Mailing Address: PO BOX 146

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB14357

Amount of Each Disbursement this Period: 5.00

Memo Item

C. KATHLEEN MURPHY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement: 09 / 27 / 2017

Mailing Address: PO BOX 146

City: MCLEAN State: VA Zip Code: 22101

Purpose of Disbursement: ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB14355

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED] Transaction ID : EXPB14356
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name MURPHY, KATHLEEN, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 34	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED] Transaction ID : EXPB14360
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: KIM STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name MURPHY, KATHLEEN, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 34	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED] Transaction ID : EXPB14404
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name TRAN, KATHY, , ,		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 42	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

<input type="checkbox"/> 24T
Category/Type

C

Transaction ID : EXPB14362

Candidate Name
TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

5.00

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

<input type="checkbox"/> 24T
Category/Type

C

Transaction ID : EXPB14363

Candidate Name
TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

10.00

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

<input type="checkbox"/> 24T
Category/Type

C

Transaction ID : EXPB14364

Candidate Name
TRAN, KATHY, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
State: VA District: 42

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)..... ▶

20.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/ Type

C

Transaction ID : EXPB14403
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

25.00

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/ Type

C

Transaction ID : EXPB14421
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

25.00

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/ Type

C

Transaction ID : EXPB14402
Amount of Each Disbursement this Period

Candidate Name
TRAN, KATHY, , ,

5.00

Office Sought: House Senate President
State: VA District: 42

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

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

55.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED]
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TRAN, KATHY, , ,		Amount of Each Disbursement this Period 50.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 42	

Full Name (Last, First, Middle Initial) B. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED]
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TRAN, KATHY, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 42	

Full Name (Last, First, Middle Initial) C. MICHELLE FOR DELEGATE		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 112 BELL CREEK DRIVE		FEC Identification Number C [REDACTED]
City STAUNTON	State VA	Zip Code 24401
Purpose of Disbursement ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name EDWARDS, MICHELLE, , ,		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VA	District: 20	

SUBTOTAL of Disbursements This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C []

Transaction ID : EXPB14405

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

[] 5.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C []

Transaction ID : EXPB14407

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

[] 10.00

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C []

Transaction ID : EXPB14367

Candidate Name
EDWARDS, MICHELLE, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

[] 5.00

Memo Item

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

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

[] 20.00

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB14373

Candidate Name
EDWARDS, MICHELLE, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

10.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

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

24T

C

Transaction ID : EXPB14371

Candidate Name
EDWARDS, MICHELLE, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

50.00

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : EXPB14370

Candidate Name
EDWARDS, MICHELLE, , ,

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

5.00

Memo Item

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

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

65.00

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

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

C
24T
Category/Type

Transaction ID : EXPB14372
Amount of Each Disbursement this Period
10.00

Candidate Name

EDWARDS, MICHELLE, , ,

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 20	

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/Type

Transaction ID : EXPB14369
Amount of Each Disbursement this Period
5.00

Candidate Name

EDWARDS, MICHELLE, , ,

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 20	

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C
24T
Category/Type

Transaction ID : EXPB14422
Amount of Each Disbursement this Period
25.00

Candidate Name

EDWARDS, MICHELLE, , ,

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: VA District: 20	

Memo Item

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

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

40.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
EDWARDS, MICHELLE, , ,

Transaction ID : EXPB14368

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

10.00

Memo Item

B. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9468 MANORWOOD DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City MECHANICSVILLE State VA Zip Code 23116

FEC Identification Number

Purpose of Disbursement
ERMK: SUZANNE LAFETRA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Candidate Name
GOODMAN, MORGAN, , ,

Transaction ID : EXPB14379

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 55

10.00

Memo Item

C. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9468 MANORWOOD DRIVE

M M M	/	D D D	/	Y Y Y Y Y
09		27		2017

City MECHANICSVILLE State VA Zip Code 23116

FEC Identification Number

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

24T

C

Candidate Name
GOODMAN, MORGAN, , ,

Transaction ID : EXPB14378

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 55

50.00

Memo Item

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

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

70.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14410
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: TRACY SHERMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14377
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: REBECCA GERALDI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14376
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: HOLLY MILLAR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	<input type="checkbox"/> Memo Item	

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14374
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GOODMAN, MORGAN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14375
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GOODMAN, MORGAN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	Amount of Each Disbursement this Period 10.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 09 / 27 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14409
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GOODMAN, MORGAN, , ,		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 55	Amount of Each Disbursement this Period 25.00	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)
Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: CHANTAL DOLAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
State: VA District: 55

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C
Transaction ID : EXPB14408

Amount of Each Disbursement this Period: 5.00

Memo Item

B. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)
Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: LAURA LAUDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
State: VA District: 55

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C
Transaction ID : EXPB14423

Amount of Each Disbursement this Period: 25.00

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.00

TOTAL This Period (last page this line number only)..... ▶ 1550.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 183 OF 186
	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 1305.00	Transaction ID : PAYD3367	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 3007.50	Transaction ID : PAYD9592	
Amount Incurred This Period 0.00	Payment This Period 3007.50	Outstanding Balance at Close of This Period 0.00

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 1890.94	Transaction ID : PAYD11385	
Amount Incurred This Period 0.00	Payment This Period 159.07	Outstanding Balance at Close of This Period 1731.87

1) SUBTOTALS This Period This Page (optional)..... ▶	3036.87
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 184 OF 186
	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 2348.33	Transaction ID : PAYD13599	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2348.33

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 1132.50	Transaction ID : PAYD13600	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1132.50

1) SUBTOTALS This Period This Page (optional)..... ▶	5981.88
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 185 OF 186
	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 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

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 963.75	Transaction ID : PAYD13601	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 963.75

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 0.00	Transaction ID : PAYD14704	
Amount Incurred This Period 851.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 851.25

1) SUBTOTALS This Period This Page (optional)..... ▶	3097.50
2) TOTALS This Period (last page this line number only)..... ▶	12116.25
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) ▶	12116.25

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

Form/Schedule: SD10

Transaction ID : PAYD14704

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID: