

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 WOMENCOUNT PAC

ADDRESS (number and street) 393 7TH AVENUE, SUITE 301 SAN FRANCISCO CA 94118

2. FEC IDENTIFICATION NUMBER C00450098 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 29 / 2016 through 12 / 31 / 2016

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

Signature of Treasurer MASON, STACY, , , [Electronically Filed] Date 01 / 31 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**WOMENCOUNT PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="3658.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10146.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1525.65"/>	<input type="text" value="343140.74"/>
(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="11671.72"/>	<input type="text" value="346799.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6965.66"/>	<input type="text" value="342093.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4706.06"/>	<input type="text" value="4706.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="6305.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**WOMENCOUNT PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2016

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).....	1496.00	329319.23
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1496.00	329319.23
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	29.65	12263.21
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1525.65	341582.44
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	10.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1548.30
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)).....▶	1525.65	343140.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1525.65	343140.74

**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 .....	6180.26	28891.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6180.26	28891.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	755.40	306227.46
24. Independent Expenditures (use Schedule E) .....	0.00	181.25
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 .....	30.00	6640.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	152.60
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30.00	6792.60
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6965.66	342093.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6965.66	342093.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1525.65	341582.44
34. Total Contribution Refunds (from Line 28(d)) .....	30.00	6792.60
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1495.65	334789.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6180.26	28891.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6180.26	28891.90

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

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

FOR LINE NUMBER: PAGE 6 OF 70  
(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. ALDEN, KENNI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2026 JUNCTION AVE.  
 City EL CERRITO State CA Zip Code 94530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PGH WONG ENGINEERING, INC. Occupation (for Individual) WRITER/EDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9619**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**B. ALEXANDER, DAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 CONVENT PL  
 City NASHVILLE State TN Zip Code 37212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF CHICAGO Occupation (for Individual) PHD STUDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9620**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. CHUPP, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 FIVE FIELDS  
 City MADISON State CT Zip Code 06443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIFESPAN Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9621**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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: PAGE 7 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2651.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9622**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. ROWLINSON, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 BANBURY DRIVE  
 City WILMINGTON State DE Zip Code 19803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9618**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**C. SHELTON, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1723 GUNWALE  
 City HOUSTON State TX Zip Code 77062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) 508 COMPANION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9616**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 280.00  
**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 70
<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. TOEVS, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68-3549 AWAMOA PLACE  
 City WAIKOLOA State HI Zip Code 96738  
 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 ▼ 320.00

Date of Receipt 11 / 29 / 2016  
**Transaction ID : INCA9617**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**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 ▼ 35.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : INCA9614**  
 Amount of Each Receipt this Period 5.00  
 Memo Item

**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 ▼ 35.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : INCA9613**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: LOUISE SLAUGHTER RE-ELECTION COMMITTEE

**SUBTOTAL** of Receipts This Page (optional).....▶ 20.00  
**TOTAL** This Period (last page this line number only).....▶



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

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

FOR LINE NUMBER: PAGE 9 OF 70  
(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  
EHRAMJIAN, LAURA, , ,

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 ▼ **35.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2016

**Transaction ID : INCA9611**

Amount of Each Receipt this Period  
 5.00

Memo Item  
 ERMK: NITA LOWEY FOR CONGRESS

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

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 ▼ **35.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2016

**Transaction ID : INCA9610**

Amount of Each Receipt this Period  
 5.00

Memo Item  
 ERMK: NAPOLITANO FOR CONGRESS

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

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 ▼ **35.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2016

**Transaction ID : INCA9608**

Amount of Each Receipt this Period  
 5.00

Memo Item  
 ERMK: NANCY PELOSI FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **15.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 70
<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. 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 ▼ 35.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : INCA9612**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: EDDIE BERNICE JOHNSON FOR CONGRESS

**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 ▼ 35.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : INCA9609**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: CITIZENS FOR WATERS

**C. GOMES, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 DEERFIELD AVE.  
 City SILVER SPRING State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAW OFFICE OF HEATHER L GOMES, LLC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : INCA9607**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 70
	<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. GORDON, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 CRESTLINE ROAD  
 City ROCHESTER State NY Zip Code 14618  
 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 ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2016  
**Transaction ID : INCA9603**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. HUGHES, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 383 PEARL DRIVE  
 City LIVERMORE State CA Zip Code 94550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MARRIAGE AND FAMILY THERAPIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 115.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2016  
**Transaction ID : INCA9606**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. MCGREAL, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 LEXINGTON AVENUE, APT. 4S  
 City NEW YORK State NY Zip Code 10029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVIS POLK & WARDWELL LLP Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2016  
**Transaction ID : INCA9605**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 12 OF 70  
(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. MUKHOPADHYAY, CAROL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 WEST POINT PLACE

City SAN MATEO	State CA	Zip Code 94402
-------------------	-------------	-------------------

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 ▼  
165.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2016

**Transaction ID : INCA9600**

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address 1882 3RD AVE

City WALNUT CREEK	State C	Zip Code 94597
----------------------	------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2016

**Transaction ID : INCA9615**

Amount of Each Receipt this Period  
5.00

Memo Item

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

Mailing Address 1322 MARTIN 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) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2016

**Transaction ID : INCA9602**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 70
<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. STROEBE, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2572

City BATTLE GROUND	State WA	Zip Code 98604
-----------------------	-------------	-------------------

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 ▼  
25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2016

**Transaction ID : INCA9604**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. WAGONER, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7360 COFFMAN RD

City INDIANAPOLIS	State IN	Zip Code 46268
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CHARLES SCHWAB & CO	Occupation (for Individual) FINANCIAL SERVICE PROFESSIONA
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2016

**Transaction ID : INCA9601**

Amount of Each Receipt this Period  
25.00

Memo Item

**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
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2651.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2016

**Transaction ID : INCA10034**

Amount of Each Receipt this Period  
20.20

Memo Item  
 ERMK: KAMALA HARRIS FOR SENATE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2651.00

Date of Receipt 12 / 09 / 2016  
**Transaction ID : INCA10035**  
 Amount of Each Receipt this Period 20.20  
 Memo Item  
 ERMK: ELIZABETH FOR MA

**B. 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2651.00

Date of Receipt 12 / 09 / 2016  
**Transaction ID : INCA10036**  
 Amount of Each Receipt this Period 20.20  
 Memo Item  
 ERMK: TULSI FOR HAWAII

**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  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2651.00

Date of Receipt 12 / 09 / 2016  
**Transaction ID : INCA10037**  
 Amount of Each Receipt this Period 20.20  
 Memo Item  
 ERMK: KLOBUCHAR FOR MINNESOTA

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.60  
**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 15 OF 70
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HUNT-SCOTT, SHANNON, , ,</b>			Date of Receipt
Mailing Address 16348 AZTEC RIDGE DR			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City LOS GATOS	State CA	Zip Code 95030	<b>Transaction ID : INCA10038</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.20"/>
Name of Employer (for Individual) THE SCOTT FOUNDATION		Occupation (for Individual) PRESIDENT	<input type="checkbox"/> Memo Item ERMK: SUSAN DAVIS FOR CONGRESS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2651.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CHEEK, AIMEE LEE, , ,</b>			Date of Receipt
Mailing Address 6209 ESTELLE ST			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City SAN DIEGO	State CA	Zip Code 92115	<b>Transaction ID : INCA10018</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5.00"/>
Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME		Occupation (for Individual) WRITER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="25.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CHEEK, AIMEE LEE, , ,</b>			Date of Receipt
Mailing Address 6209 ESTELLE ST			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City SAN DIEGO	State CA	Zip Code 92115	<b>Transaction ID : INCA10017</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5.00"/>
Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME		Occupation (for Individual) WRITER	<input type="checkbox"/> Memo Item ERMK: JACKIE SPEIER FOR CONGRESS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="25.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="30.20"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 70
<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. CHEEK, AIMEE LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6209 ESTELLE ST  
 City SAN DIEGO State CA Zip Code 92115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10016**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: TERRI SEWELL FOR CONGRESS

**B. CHEEK, AIMEE LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6209 ESTELLE ST  
 City SAN DIEGO State CA Zip Code 92115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10015**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FRIENDS OF MAZIE HIRONO

**C. CHEEK, AIMEE LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6209 ESTELLE ST  
 City SAN DIEGO State CA Zip Code 92115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10014**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FEINSTEIN FOR SENATE 2018

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 70
<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. GILLESPIE, ARDYTH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60182 DALLAS ROAD

City ATLANTIC	State IA	Zip Code 50022
------------------	-------------	-------------------

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 ▼  
25.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

**Transaction ID : INCA10032**

Amount of Each Receipt this Period  
5.00

Memo Item  
ERMK: JACKIE SPEIER FOR CONGRESS

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

Mailing Address 60182 DALLAS ROAD

City ATLANTIC	State IA	Zip Code 50022
------------------	-------------	-------------------

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 ▼  
25.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

**Transaction ID : INCA10030**

Amount of Each Receipt this Period  
5.00

Memo Item  
ERMK: FRIENDS OF MAZIE HIRONO

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

Mailing Address 60182 DALLAS ROAD

City ATLANTIC	State IA	Zip Code 50022
------------------	-------------	-------------------

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 ▼  
25.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

**Transaction ID : INCA10031**

Amount of Each Receipt this Period  
5.00

Memo Item  
ERMK: TERRI SEWELL FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 70
	<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. GILLESPIE, ARDYTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60182 DALLAS ROAD  
 City ATLANTIC State IA Zip Code 50022  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2016  
**Transaction ID : INCA10029**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FEINSTEIN FOR SENATE 2018

**B. GILLESPIE, ARDYTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60182 DALLAS ROAD  
 City ATLANTIC State IA Zip Code 50022  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2016  
**Transaction ID : INCA10033**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: HILLARY FOR AMERICA

**C. HENDREN, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2655 SW RAVENVIEW DRIVE  
 City PORTLAND State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2016  
**Transaction ID : INCA10019**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FEINSTEIN FOR SENATE 2018

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

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

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

FOR LINE NUMBER: PAGE 19 OF 70  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. HENDREN, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2655 SW RAVENVIEW DRIVE  
 City PORTLAND State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 170.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10020**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FRIENDS OF MAZIE HIRONO

**B. HENDREN, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2655 SW RAVENVIEW DRIVE  
 City PORTLAND State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 170.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10021**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: TERRI SEWELL FOR CONGRESS

**C. HENDREN, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2655 SW RAVENVIEW DRIVE  
 City PORTLAND State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 170.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10023**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: HILLARY FOR AMERICA

**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 20 OF 70
<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. HENDREN, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2655 SW RAVENVIEW DRIVE  
 City PORTLAND State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 170.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10022**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: JACKIE SPEIER FOR CONGRESS

**B. SINZDAK, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 LAWRENCE AVE  
 City HIGHLAND PARK State NJ Zip Code 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10026**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 ERMK: TERRI SEWELL FOR CONGRESS

**C. SINZDAK, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 LAWRENCE AVE  
 City HIGHLAND PARK State NJ Zip Code 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 14 / 2016  
**Transaction ID : INCA10027**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 ERMK: JACKIE SPEIER FOR CONGRESS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 70
	<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. SINZDAK, JEAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 233 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RUTGERS UNIVERSITY	Occupation (for Individual) ASSOCIATE DIRECTOR
---	---

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
12		14		2016

**Transaction ID : INCA10025**

Amount of Each Receipt this Period  
20.00

Memo Item  
ERMK: FRIENDS OF MAZIE HIRONO

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

Mailing Address 233 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RUTGERS UNIVERSITY	Occupation (for Individual) ASSOCIATE DIRECTOR
---	---

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
12		14		2016

**Transaction ID : INCA10024**

Amount of Each Receipt this Period  
20.00

Memo Item  
ERMK: FEINSTEIN FOR SENATE 2018

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

Mailing Address 233 LAWRENCE AVE

City HIGHLAND PARK	State NJ	Zip Code 08904
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RUTGERS UNIVERSITY	Occupation (for Individual) ASSOCIATE DIRECTOR
---	---

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
12		14		2016

**Transaction ID : INCA10028**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 70
	(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"/> 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. KAY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4231 MONTAIR AVE.  
 City LONG BEACH State CA Zip Code 90808  
 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 ▼ 55.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10013**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: JACKIE SPEIER FOR CONGRESS

**B. KAY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4231 MONTAIR AVE.  
 City LONG BEACH State CA Zip Code 90808  
 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 ▼ 55.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10012**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: TERRI SEWELL FOR CONGRESS

**C. KAY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4231 MONTAIR AVE.  
 City LONG BEACH State CA Zip Code 90808  
 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 ▼ 55.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10011**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FRIENDS OF MAZIE HIRONO

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 70
	(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. KAY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4231 MONTAIR AVE.  
 City LONG BEACH State CA Zip Code 90808  
 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 ▼ 55.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : INCA10010**  
 Amount of Each Receipt this Period 5.00  
 Memo Item  
 ERMK: FEINSTEIN FOR SENATE 2018

**B. LICHTBACH, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2881 MERIDIAN AVE UNIT 147  
 City SAN JOSE State CA Zip Code 95124  
 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 ▼ 20.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : INCA10003**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 ERMK: FEINSTEIN FOR SENATE 2018

**C. LICHTBACH, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2881 MERIDIAN AVE UNIT 147  
 City SAN JOSE State CA Zip Code 95124  
 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 ▼ 20.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : INCA10004**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 ERMK: JACKIE SPEIER FOR CONGRESS

**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 24 OF 70
	<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. THIBODEAUX, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 OAKDALE LOOP  
 City HOUMA State LA Zip Code 70360  
 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 ▼ 185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10009**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. THIBODEAUX, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 OAKDALE LOOP  
 City HOUMA State LA Zip Code 70360  
 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 ▼ 185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10006**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 ERMK: FRIENDS OF MAZIE HIRONO

**C. THIBODEAUX, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 OAKDALE LOOP  
 City HOUMA State LA Zip Code 70360  
 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 ▼ 185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10005**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 ERMK: FEINSTEIN FOR SENATE 2018

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 70
	<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**

**A. THIBODEAUX, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 OAKDALE LOOP  
 City HOUMA State LA Zip Code 70360  
 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 ▼ 185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10007**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 ERMK: TERRI SEWELL FOR CONGRESS

**B. THIBODEAUX, JOYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 OAKDALE LOOP  
 City HOUMA State LA Zip Code 70360  
 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 ▼ 185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2016  
**Transaction ID : INCA10008**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 ERMK: JACKIE SPEIER FOR CONGRESS

**C. FISHER, PATTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 TENNYSON 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) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2016  
**Transaction ID : INCA9996**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 ERMK: KLOBUCHAR FOR MINNESOTA

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 70
	(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. FISHER, PATTY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 TENNYSON 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) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2016

**Transaction ID : INCA9997**

Amount of Each Receipt this Period  
30.00

Memo Item  
ERMK: STABENOW FOR US SENATE

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

Mailing Address 317 TENNYSON 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) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2016

**Transaction ID : INCA9998**

Amount of Each Receipt this Period  
30.00

Memo Item  
ERMK: FRIENDS OF MARIA

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

Mailing Address 317 TENNYSON 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) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2016

**Transaction ID : INCA9999**

Amount of Each Receipt this Period  
30.00

Memo Item  
ERMK: MCCASKILL FOR MISSOURI

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 70
	<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. FISHER, PATTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 TENNYSON 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) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 18 / 2016  
**Transaction ID : INCA10000**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 ERMK: FRIENDS OF MAZIE HIRONO

**B. FISHER, PATTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 TENNYSON 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) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 18 / 2016  
**Transaction ID : INCA10001**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 ERMK: HEIDI FOR SENATE

**C. FISHER, PATTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 TENNYSON 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) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 18 / 2016  
**Transaction ID : INCA10002**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 ERMK: TAMMY BALDWIN FOR SENATE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 70
	<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) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2016  
**Transaction ID : INCA9995**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. TOEVS, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68-3549 AWAMOA PLACE  
 City WAIKOLOA State HI Zip Code 96738  
 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2016  
**Transaction ID : INCA9994**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	1496.00

**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 29 OF 70
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address PO BOX 290568

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 [.....] 3.61

Date of Receipt  
 [MM] / [DD] / [YYYY]  
 11 / 30 / 2016

**Transaction ID : INCA9916**

Amount of Each Receipt this Period  
 [.....] 0.60

Memo Item

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

Mailing Address 918 PENNSYLVANIA AVE SE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 [.....] 5.40

Date of Receipt  
 [MM] / [DD] / [YYYY]  
 11 / 30 / 2016

**Transaction ID : INCA9917**

Amount of Each Receipt this Period  
 [.....] 0.60

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 ▼  
 [.....] 4.00

Date of Receipt  
 [MM] / [DD] / [YYYY]  
 11 / 30 / 2016

**Transaction ID : INCA9921**

Amount of Each Receipt this Period  
 [.....] 0.60

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	[.....] 1.80
<b>TOTAL</b> This Period (last page this line number only).....▶	[.....]

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 70
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address PO BOX 677

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

**Transaction ID : INCA9923**

Amount of Each Receipt this Period  
0.60

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 ▼  
2.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

**Transaction ID : INCA9918**

Amount of Each Receipt this Period  
0.60

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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

**Transaction ID : INCA9924**

Amount of Each Receipt this Period  
0.60

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 70
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KLOBUCHAR FOR MINNESOTA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

**Transaction ID : INCA9919**

Amount of Each Receipt this Period  
0.60

Memo Item

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

Mailing Address PO BOX 300077

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

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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

**Transaction ID : INCA9922**

Amount of Each Receipt this Period  
0.60

Memo Item

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

Mailing Address P.O. BOX 4945

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2016

**Transaction ID : INCA9920**

Amount of Each Receipt this Period  
0.60

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 70
<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**

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

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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

**Transaction ID : INCA9925**

Amount of Each Receipt this Period  
0.60

Memo Item

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

Mailing Address 249 E OCEAN BLVD # 685

City LONG BEACH	State CA	Zip Code 90802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00167585

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

**Transaction ID : INCA10102**

Amount of Each Receipt this Period  
0.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. EDDIE BERNICE JOHNSON FOR CONGRESS**

Mailing Address 3102 MAPLE AVENUE, SUITE 605

City DALLAS	State TX	Zip Code 75201
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00254573

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

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
12	/	07	/	2016

**Transaction ID : INCA10105**

Amount of Each Receipt this Period  
0.20

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 70
<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 ▼  
0.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

**Transaction ID : INCA10106**

Amount of Each Receipt this Period  
0.20

Memo Item

**B. NANCY PELOSI FOR CONGRESS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON, DC	State CA	Zip Code 20005
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00213512

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

**Transaction ID : INCA10101**

Amount of Each Receipt this Period  
0.20

Memo Item

**C. NAPOLITANO FOR CONGRESS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO	State CA	Zip Code 95814
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00334706

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
0.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

**Transaction ID : INCA10103**

Amount of Each Receipt this Period  
0.20

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 70
<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. NITA LOWEY FOR CONGRESS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 271

City WHITE PLAINS	State NY	Zip Code 10605
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00219881

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

**Transaction ID : INCA10104**

Amount of Each Receipt this Period  
0.20

Memo Item

**B. 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 ▼  
3.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2016

**Transaction ID : INCA10096**

Amount of Each Receipt this Period  
0.81

Memo Item

**C. 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 ▼  
676.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2016

**Transaction ID : INCA10099**

Amount of Each Receipt this Period  
0.81

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 70
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KLOBUCHAR FOR MINNESOTA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

**Transaction ID : INCA10097**

Amount of Each Receipt this Period  
0.81

Memo Item

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

Mailing Address PO BOX 84049

City SAN DIEGO	State CA	Zip Code 92138
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344671

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

**Transaction ID : INCA10100**

Amount of Each Receipt this Period  
0.81

Memo Item

**C. TULSI FOR HAWAII**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 75561

City KAPOLEI	State HI	Zip Code 96707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00497396

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
41.21

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

**Transaction ID : INCA10098**

Amount of Each Receipt this Period  
0.81

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 70
<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. FEINSTEIN FOR SENATE 2018**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 918 PENNSYLVANIA AVE SE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10085**

Amount of Each Receipt this Period  
2.60

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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10088**

Amount of Each Receipt this Period  
1.20

Memo Item

**C. FRIENDS OF MAZIE HIRONO**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 677

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
6.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10090**

Amount of Each Receipt this Period  
3.40

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 70
<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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10091**

Amount of Each Receipt this Period  

1.20
------

 Memo Item

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

Mailing Address P.O. BOX 5256

City NEW YORK	State NY	Zip Code 10185
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00575795

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.49

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10093**

Amount of Each Receipt this Period  

0.40
------

 Memo Item

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

Mailing Address P.O. BOX 112

City BURLINGAME	State CA	Zip Code 94011
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00443705

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10095**

Amount of Each Receipt this Period  

2.60
------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 70
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KLOBUCHAR FOR MINNESOTA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10086**

Amount of Each Receipt this Period  
1.20

Memo Item

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

Mailing Address PO BOX 300077

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

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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10089**

Amount of Each Receipt this Period  
1.20

Memo Item

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

Mailing Address P.O. BOX 4945

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

**Transaction ID : INCA10087**

Amount of Each Receipt this Period  
1.20

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 70
<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 ▼  
4.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

**Transaction ID : INCA10092**

Amount of Each Receipt this Period  

1.20
------

 Memo Item

**B. TERRI SEWELL FOR CONGRESS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 1964

City BIRMINGHAM	State AL	Zip Code 35201
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458976

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

**Transaction ID : INCA10094**

Amount of Each Receipt this Period  

2.20
------

 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
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Amount of Each Receipt this Period  

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3.40
<b>TOTAL</b> This Period (last page this line number only).....▶	29.65

**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

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB9594

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

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB9597

Amount of Each Disbursement this Period

[REDACTED] 48.60

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

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB9598

Amount of Each Disbursement this Period

[REDACTED] 7.50

Memo Item

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

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

[REDACTED] 81.10

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FIRST DATA**

Mailing Address 5565 GLENRIDGE CONNECTOR NE  
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB9596**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB9595**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement  
BANK FEE

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : EXPB9979**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. HARVEY, MEGHAN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5425 CHARLOTTE WAY

City LIVERMORE State CA Zip Code 94550

Purpose of Disbursement SOCIAL MEDIA SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C

Transaction ID : EXPB9978

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. 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: 12 / 29 / 2016

FEC Identification Number: C

Transaction ID : EXPB9980

Amount of Each Disbursement this Period: 792.45

Memo Item

**C. 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: 12 / 29 / 2016

FEC Identification Number: C

Transaction ID : EXPB9984

Amount of Each Disbursement this Period: 1132.50

Memo Item

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

2424.95

**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**

Full Name (Last, First, Middle Initial) <b>A. VIEW AVENUE GROUP</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB9989</b> Amount of Each Disbursement this Period 1170.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement COMPLIANCE SERVICES		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. VIEW AVENUE GROUP</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB9991</b> Amount of Each Disbursement this Period 535.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement COMPLIANCE/REPORTING		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. VIEW AVENUE GROUP</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2016
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C [REDACTED] <b>Transaction ID : EXPB9987</b> Amount of Each Disbursement this Period 1620.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement COMPLIANCE/REPORTING		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6180.26

**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) <b>A. ELIZABETH FOR MA INC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address PO BOX 290568		FEC Identification Number C00500843 <b>Transaction ID : EXPB9954</b>
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>WARREN, ELIZABETH, , ,</b>		Amount of Each Disbursement this Period 10.00
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) ▼	<input type="checkbox"/> Memo Item
State: MA	District:	

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH FOR MA INC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address PO BOX 290568		FEC Identification Number C00500843 <b>Transaction ID : EXPB9955</b>
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: DIANA AGREST-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>WARREN, ELIZABETH, , ,</b>		Amount of Each Disbursement this Period 5.00
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) ▼	<input type="checkbox"/> Memo Item
State: MA	District:	

Full Name (Last, First, Middle Initial) <b>C. FEINSTEIN FOR SENATE 2018</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 <b>Transaction ID : EXPB9952</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>FEINSTEIN, DIANE, , ,</b>		Amount of Each Disbursement this Period 10.00
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) ▼	<input type="checkbox"/> Memo Item
State: CA	District:	

**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) <b>A. FEINSTEIN FOR SENATE 2018</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 <b>Transaction ID : EXPB9953</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: DIANA AGREST-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name <b>FEINSTEIN, DIANE, , ,</b>		Memo Item <input type="checkbox"/>
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: CA	District:	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MARIA</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address PO BOX 12740		FEC Identification Number C00349506 <b>Transaction ID : EXPB9942</b>
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: BRENDA WILLET-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name <b>CANTWELL, MARIA, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MARIA</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address PO BOX 12740		FEC Identification Number C00349506 <b>Transaction ID : EXPB9943</b>
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: DIANA AGREST-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name <b>CANTWELL, MARIA, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

**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. FRIENDS OF MAZIE HIRONO**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement  
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**HIRONO, MAZIE, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: HI District:

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: **C** C00420760  
**Transaction ID : EXPB9946**

Amount of Each Disbursement this Period: 10.00

Memo Item

**B. FRIENDS OF MAZIE HIRONO**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement  
ERMK: DIANA AGREST-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**HIRONO, MAZIE, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: HI District:

Date of Disbursement: 11 / 30 / 2016

FEC Identification Number: **C** C00420760  
**Transaction ID : EXPB9947**

Amount of Each Disbursement this Period: 5.00

Memo Item

**C. GILLIBRAND FOR SENATE**

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

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
ERMK: BRENDA WILLETT-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: 11 / 30 / 2016

FEC Identification Number: **C** C00413914  
**Transaction ID : EXPB9948**

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

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

**A. GILLIBRAND FOR SENATE**

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

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
ERMK: DIANA AGREST-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: 11 / 30 / 2016

FEC Identification Number: **C** C00413914  
**Transaction ID : EXPB9949**

Amount of Each Disbursement this Period: 5.00

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: BRENDA WILLETT-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: 11 / 30 / 2016

FEC Identification Number: **C** C00505552  
**Transaction ID : EXPB9938**

Amount of Each Disbursement this Period: 10.00

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: DIANA AGREST-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: 11 / 30 / 2016

FEC Identification Number: **C** C00505552  
**Transaction ID : EXPB9939**

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. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED  
Candidate Name  
**KLOBUCHAR, AMY, , ,**

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

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C C00431353

Transaction ID : **EXPB9950**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
ERMK: DIANA AGREST-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED  
Candidate Name  
**KLOBUCHAR, AMY, , ,**

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

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C C00431353

Transaction ID : **EXPB9951**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code

Purpose of Disbursement  
ERMK: BRENDA WILLETT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED  
Candidate Name  
**MCCASKILL, CLAIRE, , ,**

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

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C C00577148

Transaction ID : **EXPB9944**

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. MCCASKILL SENATE FUND**

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code

Purpose of Disbursement  
ERMK: DIANA AGREST-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  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number  
**C** C00577148  
**Transaction ID : EXPB9945**

Amount of Each Disbursement this Period  
5.00

Memo Item

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

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
ERMK: BRENDA WILLETT-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  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number  
**C** C00344473  
**Transaction ID : EXPB9940**

Amount of Each Disbursement this Period  
10.00

Memo Item

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

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
ERMK: DIANA AGREST-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  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number  
**C** C00344473  
**Transaction ID : EXPB9941**

Amount of Each Disbursement this Period  
5.00

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

## A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
ERMK: BRENDA WILLETT-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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2016					

FEC Identification Number

**C** C00326801

**Transaction ID : EXPB9936**

Amount of Each Disbursement this Period

10.00
-------

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: DIANA AGREST-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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2016					

FEC Identification Number

**C** C00326801

**Transaction ID : EXPB9937**

Amount of Each Disbursement this Period

5.00
------

Memo Item

Full Name (Last, First, Middle Initial)

## C. CITIZENS FOR WATERS

Mailing Address 249 E OCEAN BLVD # 685

City LONG BEACH State CA Zip Code 90802

Purpose of Disbursement  
ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED  
Candidate Name  
**WATERS, MAXINE, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			07			2016					

FEC Identification Number

**C** C00167585

**Transaction ID : EXPB10080**

Amount of Each Disbursement this Period

5.00
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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 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. EDDIE BERNICE JOHNSON FOR CONGRESS**

Mailing Address 3102 MAPLE AVENUE, SUITE 605

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**JOHNSON, EDDIE BERNICE, , ,**

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

State: TX District: 30

Date of Disbursement: 12 / 07 / 2016

FEC Identification Number: **C00254573**  
Transaction ID : **EXPB10083**  
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 30632

City ROCHESTER State NY Zip Code 14603

Purpose of Disbursement  
ERMK: LAURA EHRAMJIAN-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: 12 / 07 / 2016

FEC Identification Number: **C00213611**  
Transaction ID : **EXPB10084**  
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON, DC State CA Zip Code 20005

Purpose of Disbursement  
ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**PELOSI, NANCY, , ,**

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

State: CA District: 12

Date of Disbursement: 12 / 07 / 2016

FEC Identification Number: **C00213512**  
Transaction ID : **EXPB10079**  
Amount of Each Disbursement this Period: 5.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NAPOLITANO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 555 CAPITOL MALL, SUITE 1425

M M M	/	D D D	/	Y Y Y Y Y
12		07		2016

City SACRAMENTO State CA Zip Code 95814

FEC Identification Number

Purpose of Disbursement  
ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00334706
---	-----------

Candidate Name  
**NAPOLITANO, GRACE, , ,**

Category/Type

Transaction ID : **EXPB10081**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 32

5.00
------

Memo Item

**B. NITA LOWEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 271

M M M	/	D D D	/	Y Y Y Y Y
12		07		2016

City WHITE PLAINS State NY Zip Code 10605

FEC Identification Number

Purpose of Disbursement  
ERMK: LAURA EHRAMJIAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00219881
---	-----------

Candidate Name  
**LOWEY, NITA, , ,**

Category/Type

Transaction ID : **EXPB10082**  
Amount of Each Disbursement this Period

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

5.00
------

Memo Item

**C. ELIZABETH FOR MA INC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 290568

M M M	/	D D D	/	Y Y Y Y Y
12		14		2016

City BOSTON State MA Zip Code 02129

FEC Identification Number

Purpose of Disbursement  
ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00500843
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Candidate Name  
**WARREN, ELIZABETH, , ,**

Category/Type

Transaction ID : **EXPB10051**  
Amount of Each Disbursement this Period

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

20.20
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Memo Item

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

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

30.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. KAMALA HARRIS FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address 777 S FIGUEROA ST STE 4050		FEC Identification Number C 00571919 <b>Transaction ID : EXPB10042</b> Amount of Each Disbursement this Period 20.20
City LOS ANGELES	State CA	Zip Code 90017
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT <del>NOT AFFECTED</del> Candidate Name <b>HARRIS, KAMALA, , ,</b>		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: CA	District:	

Full Name (Last, First, Middle Initial) <b>B. KLOBUCHAR FOR MINNESOTA</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address PO BOX 4146		FEC Identification Number C 00431353 <b>Transaction ID : EXPB10067</b> Amount of Each Disbursement this Period 20.20
City ST PAUL	State MN	Zip Code 55104
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT <del>NOT AFFECTED</del> Candidate Name <b>KLOBUCHAR, AMY, , ,</b>		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: MN	District:	

Full Name (Last, First, Middle Initial) <b>C. SUSAN DAVIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address PO BOX 84049		FEC Identification Number C 00344671 <b>Transaction ID : EXPB10076</b> Amount of Each Disbursement this Period 20.20
City SAN DIEGO	State CA	Zip Code 92138
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT <del>NOT AFFECTED</del> Candidate Name <b>DAVIS, SUSAN, , ,</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 53	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	60.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. TULSI FOR HAWA'I**

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement  
ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**GABBARD, TULSI, , ,**

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

State: HI District: 02

Date of Disbursement: 12 / 14 / 2016

FEC Identification Number: C00497396  
Transaction ID : EXPB10052  
Amount of Each Disbursement this Period: 20.20

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
ERMK: DONNA LICHTBACH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**FEINSTEIN, DIANE, , ,**

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

State: CA District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00539890  
Transaction ID : EXPB10043  
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
ERMK: JOYCE THIBODEAUX-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**FEINSTEIN, DIANE, , ,**

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

State: CA District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00539890  
Transaction ID : EXPB10044  
Amount of Each Disbursement this Period: 15.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 45.20

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
ERMK: SUSAN KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**FEINSTEIN, DIANE, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00539890  
**Transaction ID : EXPB10045**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

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

Candidate Name  
**FEINSTEIN, DIANE, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00539890  
**Transaction ID : EXPB10046**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. FEINSTEIN FOR SENATE 2018**

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

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

Candidate Name  
**FEINSTEIN, DIANE, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00539890  
**Transaction ID : EXPB10047**

Amount of Each Disbursement this Period: 5.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FEINSTEIN FOR SENATE 2018</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 <b>Transaction ID : EXPB10048</b> Amount of Each Disbursement this Period 20.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: JEAN SINZDAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name <b>FEINSTEIN, DIANE, , ,</b>		
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: CA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FEINSTEIN FOR SENATE 2018</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 <b>Transaction ID : EXPB10049</b> Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: ARDYTH GILLESPIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name <b>FEINSTEIN, DIANE, , ,</b>		
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: CA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MARIA</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 12740		FEC Identification Number C00349506 <b>Transaction ID : EXPB10075</b> Amount of Each Disbursement this Period 30.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: PATTY FISHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name <b>CANTWELL, MARIA, , ,</b>		
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)..... ▶

55.00

**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) <b>A. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 677		FEC Identification Number C00420760 <b>Transaction ID : EXPB10068</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: PATTY FISHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>HIRONO, MAZIE, , ,</b>		Amount of Each Disbursement this Period 30.00
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: HI District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 677		FEC Identification Number C00420760 <b>Transaction ID : EXPB10069</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: JOYCE THIBODEAUX-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>HIRONO, MAZIE, , ,</b>		Amount of Each Disbursement this Period 15.00
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: HI District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 677		FEC Identification Number C00420760 <b>Transaction ID : EXPB10070</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: SUSAN KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>HIRONO, MAZIE, , ,</b>		Amount of Each Disbursement this Period 5.00
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: HI District:	<input type="checkbox"/> Memo Item	

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

50.00

**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) <b>A. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 677		FEC Identification Number C00420760 <b>Transaction ID : EXPB10071</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: AIMEE LEE CHEEK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name <b>HIRONO, MAZIE, , ,</b>		
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: HI District:	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 677		FEC Identification Number C00420760 <b>Transaction ID : EXPB10072</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name <b>HIRONO, MAZIE, , ,</b>		
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: HI District:	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address PO BOX 677		FEC Identification Number C00420760 <b>Transaction ID : EXPB10073</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: JEAN SINZDAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name <b>HIRONO, MAZIE, , ,</b>		
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: HI District:	Amount of Each Disbursement this Period 20.00	
		<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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. FRIENDS OF MAZIE HIRONO**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement  
ERMK: ARDYTH GILLESPIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**HIRONO, MAZIE, , ,**

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

State: HI District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: **C00420760**  
Transaction ID : **EXPB10074**  
Amount of Each Disbursement this Period: 5.00

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: PATTY FISHER-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: 12 / 21 / 2016

FEC Identification Number: **C00505552**  
Transaction ID : **EXPB10050**  
Amount of Each Disbursement this Period: 30.00

Memo Item

**C. HILLARY FOR AMERICA**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 5256

City NEW YORK State NY Zip Code 10185

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

Candidate Name  
**CLINTON, HILLARY RODHAM, , ,**

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

State: District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: **C00575795**  
Transaction ID : **EXPB10040**  
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 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. HILLARY FOR AMERICA**

Mailing Address P.O. BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement  
ERMK: ARDYTH GILLESPIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**CLINTON, HILLARY RODHAM, , ,**

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

State: District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: **C00575795**  
**Transaction ID : EXPB10041**  
Amount of Each Disbursement this Period: 5.00

Memo Item

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

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
ERMK: DONNA LICHTBACH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SPEIER, JACKIE, , ,**

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

State: CA District: 14

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: **C00443705**  
**Transaction ID : EXPB10059**  
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. JACKIE SPEIER FOR CONGRESS**

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
ERMK: JOYCE THIBODEAUX-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SPEIER, JACKIE, , ,**

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

State: CA District: 14

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: **C00443705**  
**Transaction ID : EXPB10060**  
Amount of Each Disbursement this Period: 15.00

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. JACKIE SPEIER FOR CONGRESS**

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
ERMK: SUSAN KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SPEIER, JACKIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

**C** C00443705

**Transaction ID : EXPB10061**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JACKIE SPEIER FOR CONGRESS**

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

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

Candidate Name  
**SPEIER, JACKIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

**C** C00443705

**Transaction ID : EXPB10062**

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JACKIE SPEIER FOR CONGRESS**

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

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

Candidate Name  
**SPEIER, JACKIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

**C** C00443705

**Transaction ID : EXPB10063**

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)..... ▶

15.00

**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. JACKIE SPEIER FOR CONGRESS**

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
ERMK: JEAN SINZDAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SPEIER, JACKIE, , ,**

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

State: CA District: 14

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00443705  
Transaction ID : EXPB10064  
Amount of Each Disbursement this Period: 20.00

Memo Item

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

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
ERMK: ARDYTH GILLESPIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SPEIER, JACKIE, , ,**

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

State: CA District: 14

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00443705  
Transaction ID : EXPB10065  
Amount of Each Disbursement this Period: 5.00

Memo Item

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

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement  
ERMK: PATTY FISHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**KLOBUCHAR, AMY, , ,**

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

State: MN District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C00431353  
Transaction ID : EXPB10066  
Amount of Each Disbursement this Period: 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 55.00

**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

Purpose of Disbursement  
ERMK: PATTY FISHER-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  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2016

FEC Identification Number  
**C** C00577148  
**Transaction ID : EXPB10039**  
Amount of Each Disbursement this Period  
30.00

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: PATTY FISHER-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  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2016

FEC Identification Number  
**C** C00344473  
**Transaction ID : EXPB10077**  
Amount of Each Disbursement this Period  
30.00

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: PATTY FISHER-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  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2016

FEC Identification Number  
**C** C00326801  
**Transaction ID : EXPB10078**  
Amount of Each Disbursement this Period  
30.00

Memo Item

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

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

90.00

# 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. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement  
ERMK: JOYCE THIBODEAUX-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SEWELL, TERRI, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

**C** C00458976

Transaction ID : EXPB10053

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement  
ERMK: SUSAN KAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name  
**SEWELL, TERRI, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

**C** C00458976

Transaction ID : EXPB10054

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. BOX 1964

City BIRMINGHAM State AL Zip Code 35201

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

Candidate Name  
**SEWELL, TERRI, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

**C** C00458976

Transaction ID : EXPB10055

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 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) <b>A. TERRI SEWELL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address P.O. BOX 1964		FEC Identification Number C00458976 <b>Transaction ID : EXPB10056</b>
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>SEWELL, TERRI, , ,</b>		
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: AL District: 07	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. TERRI SEWELL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address P.O. BOX 1964		FEC Identification Number C00458976 <b>Transaction ID : EXPB10057</b>
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ERMK: JEAN SINZDAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>SEWELL, TERRI, , ,</b>		
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: AL District: 07	Amount of Each Disbursement this Period 20.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. TERRI SEWELL FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016
Mailing Address P.O. BOX 1964		FEC Identification Number C00458976 <b>Transaction ID : EXPB10058</b>
City BIRMINGHAM	State AL	Zip Code 35201
Purpose of Disbursement ERMK: ARDYTH GILLESPIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name <b>SEWELL, TERRI, , ,</b>		
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: AL District: 07	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)..... ▶

30.00

**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

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. KIM MYERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
KIM MYERS FOR CONGRESS

Date of Disbursement  
MM / DD / YYYY  
12 / 27 / 2016

Mailing Address PO BOX 1255

City VESTAL State NY Zip Code 13850

Purpose of Disbursement  
CHECK ISSUED IN ERROR. REFUND REQUESTED.

Candidate Name  
MYERS, KIM, , ,

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

State: NY District: 22

FEC Identification Number  
C 00610642  
Transaction ID : EXPB10109  
Amount of Each Disbursement this Period  
14.40

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14.40

**TOTAL** This Period (last page this line number only)..... ▶ 755.40

**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 checked="" 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. MARQUAND, WILLIAM, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 858 GREEN LANTERN LANE

City BALLWIN State MO Zip Code 63011

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2016

FEC Identification Number: C

Transaction ID : EXPB10108

Amount of Each Disbursement this Period: 30.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	30.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 70
	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 <b>HANSON BRIDGETT LLP</b>			Nature of Debt (Purpose): LEGAL AND COMPLIANCE
Mailing Address 425 MARKET STREET, 26TH FLOOR			
City SAN FRANCISCO	State CA	Zip Code 94105	

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

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

Outstanding Balance Beginning This Period <input type="text" value="792.45"/>	<b>Transaction ID : PAYD4441</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="792.45"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1182.50"/>	<b>Transaction ID : PAYD5200</b>	
Amount Incurred This Period <input type="text" value="-50.00"/>	Payment This Period <input type="text" value="1132.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1305.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 69 OF 70
	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 <b>VIEW AVENUE GROUP</b>			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 1170.00	Transaction ID : PAYD6379	
Amount Incurred This Period 0.00	Payment This Period 1170.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VIEW AVENUE GROUP</b>			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 2527.50	Transaction ID : PAYD9591	
Amount Incurred This Period 0.00	Payment This Period 535.00	Outstanding Balance at Close of This Period 1992.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>VIEW AVENUE GROUP</b>			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 0.00	Outstanding Balance at Close of This Period 3007.50

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1620.00"/>		<b>Transaction ID : PAYD9976</b>	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="1620.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>		Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>	
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>		

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>		Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>	
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input style="width:100%;" type="text" value="6305.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input style="width:100%;" type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="6305.00"/>