

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 CAROLYN'S PAC

ADDRESS (number and street) 24 East 93rd Street Suite 1B New York NY 10128 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00341990

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, 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 07 01 2012 through 09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Melissa A. Mendez

Signature of Treasurer Ms Melissa A. Mendez [Electronically Filed] Date 10 15 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAROLYN'S 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="2012"/>		39411.11
(b) Cash on Hand at Beginning of Reporting Period.....	44803.11	
(c) Total Receipts (from Line 19)	24300.00	53550.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69103.11	92961.11
7. Total Disbursements (from Line 31).....	12125.10	35983.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56978.01	56978.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	1500.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CAROLYN'S PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14300.00	28550.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14300.00	28550.00
(b) Political Party Committees	10000.00	10000.00
(c) Other Political Committees (such as PACs).....	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24300.00	53550.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	24300.00	53550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24300.00	53550.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	0.00	1750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1750.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	33000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1125.10	1233.10
30. Federal Election Activity (2 U.S.C. §431(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)) ..	12125.10	35983.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12125.10	35983.10

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24300.00	53550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24300.00	53550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1750.00

**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 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)
A. Ann Kaplan

Mailing Address 730 Park Ave

City New York State NY Zip Code 10021

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

Name of Employer Circle Financial Occupation Wealth Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
08 / 13 / 2012
Transaction ID : SA11AI.4672

Amount of Each Receipt this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)
B. Nikos Mouyiaris

Mailing Address 32-02 Queens Boulevard

City Astoria State NY Zip Code 11101

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

Name of Employer Mana Products Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 30 / 2012
Transaction ID : SA11AI.4668

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Janet Ross

Mailing Address 19 East 72nd St

City New York State NY Zip Code 10021

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 24 / 2012
Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
5000.00

Donation

SUBTOTAL of Receipts This Page (optional).....▶	12500.00
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 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A. Full Name (Last, First, Middle Initial)
Leslie Lewis Sword

Mailing Address 531 Carpenter Ct

City Naples State FL Zip Code 34110

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

Name of Employer Self-Employed Occupation Actor/Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
1800.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	14300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)
A. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012
Transaction ID : SA11B.4674

Amount of Each Receipt this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C70002563

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012
Transaction ID : SA11B.4685

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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"/> 24	<input type="checkbox"/> 25	<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)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. BILL FOSTER FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

Mailing Address P.O. BOX 9104

Transaction ID : SB23.4659

City State Zip Code
AURORA IL 60598

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CHRISTIE VILSACK FOR IOWA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

Mailing Address PO BOX 641

Transaction ID : SB23.4635

City State Zip Code
AMES IA 50010

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CICILLINE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2012

Mailing Address 236 HOPE STREET

Transaction ID : SB23.4653

City State Zip Code
PROVIDENCE RI 02906

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

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

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

1500.00

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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"/> 24	<input type="checkbox"/> 25	<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)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial) A. DAVID SCOTT FOR CONGRESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2012
Mailing Address P.O. BOX 960821		Transaction ID : SB23.4645
City RIVERDALE	State GA	
Zip Code 30296	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 13		

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 430 South Capitol Street, SE 2nd Floor		Transaction ID : SB23.4627
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Unlimited Transfer From Principal Campaign Cmte.	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DUCKWORTH FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2012
Mailing Address P.O. BOX 8867		Transaction ID : SB23.4637
City ROLLING MEADOWS	State IL	
Zip Code 60008	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 08		

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
Donation

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SB23.4663

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MARK CRITZ FOR CONGRESS COMMITTEE

Mailing Address 647 MAIN STREET
SUITE 110

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : SB23.4632

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

11000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. Mahattan Young Democrats

Mailing Address 461 Park Avenue South

City State Zip Code
New York NY 10016

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : SB29.4633

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HILLARY CLINTON FOR PRESIDENT	Nature of Debt (Purpose): Excess Contribution to be Refunded
Mailing Address PO Box 101436	
City State Zip Code Arlington VA 22210	

Outstanding Balance Beginning This Period 500.00	Transaction ID : SD9.4141	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HILLARY CLINTON FOR PRESIDENT	Nature of Debt (Purpose): Excess Contribution to be refunded
Mailing Address PO Box 101436	
City State Zip Code Arlington VA 22210	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD9.4140	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1500.00
2) TOTALS This Period (last page this line number only)..... ▶	1500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1500.00