



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Tri-State Maxed-Out Women**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  | <input type="text" value="57115.62"/>  | <input type="text" value="57115.62"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="57115.62"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="95265.07"/>  | <input type="text" value="95265.07"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="152380.69"/> | <input type="text" value="152380.69"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="43642.35"/>  | <input type="text" value="43642.35"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="108738.34"/> | <input type="text" value="108738.34"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Tri-State Maxed-Out Women**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 95250.00                      | 95250.00                          |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 95250.00                      | 95250.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 95250.00                      | 95250.00                          |
| 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.).....   | 15.07                         | 15.07                             |
| 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))..... ▶                        | 95265.07                      | 95265.07                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 95265.07                      | 95265.07                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 21142.35                      | 21142.35                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 21142.35                      | 21142.35                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 22500.00                      | 22500.00                          |
| 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 .....  | 0.00                          | 0.00                              |
| 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)) ..      | 43642.35                      | 43642.35                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 43642.35                      | 43642.35                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 95250.00                      | 95250.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 95250.00                      | 95250.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 21142.35                      | 21142.35                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 21142.35                      | 21142.35                          |

**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 46  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

**A. Diane Abbey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1035 5th Ave  
 11C  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Philanthropist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11AI.5334**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B. Marlene E. Altman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 West End Avenue  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer No Employer Occupation No Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : SA11AI.5228**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C. Shirley Amdur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 983 Park Avenue  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer No Employer Occupation No Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11AI.5251**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 7 OF 46  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Carol Becker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 E 62nd St  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **02 / 26 / 2015**  
**Transaction ID : SA11AI.5244**  
 Amount of Each Receipt this Period **2500.00**  
 Contribution

**B. Ellen Berenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 East 48th Street  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ellen Berenson Antiques & Fine Occupation Antique Dealer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 19 / 2015**  
**Transaction ID : SA11AI.5258**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**C. Ellen Berenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 East 48th Street  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ellen Berenson Antiques & Fine Occupation Antique Dealer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : SA11AI.5280**  
 Amount of Each Receipt this Period **4000.00**  
 Contribution

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>7500.00</b> |
| <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 8 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Madeline Blinder**

Mailing Address 218 Cherry Hill Road

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
No Employer No 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  
 03 / 12 / 2015  
**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Boyar**

Mailing Address 59-07 260th St

City State Zip Code  
Little Neck NY 11362

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

Name of Employer Occupation  
Self-Employed Marketing Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : SA11AI.5266**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Stephanie Breslow**

Mailing Address 7 Hubert St

City State Zip Code  
New York NY 10013

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

Name of Employer Occupation  
Schulte Roth & Zabel, LLP Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2015  
**Transaction ID : SA11AI.5330**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7000.00

**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 46  
(check only one)

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

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

**A. Noreen Buckfire**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1175 Park Avenue  
#13 A  
City New York State NY Zip Code 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer No Employer Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 03 / 2015  
**Transaction ID : SA11AI.5254**  
Amount of Each Receipt this Period 1000.00  
Contribution

**B. Ellen Chesler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 West 72nd Street  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Roosevelt Institute Occupation Senior Follow  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 28 / 2015  
**Transaction ID : SA11AI.5328**  
Amount of Each Receipt this Period 1000.00  
Contribution

**C. Polly Cleveland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 W 72nd Street, Apt. 506  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia University Occupation Adjunct Prof Economics  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 06 / 2015  
**Transaction ID : SA11AI.5304**  
Amount of Each Receipt this Period 1000.00  
Contribution

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

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

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

FOR LINE NUMBER: PAGE 10 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Betsy Cohn**

Mailing Address 1111 Park Avenue

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
N/A Retired

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  
 03 / 11 / 2015  
**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Betty Cotton**

Mailing Address 930 5th Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Self Employed NFP Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period  
2000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Eve Coulson**

Mailing Address 291 Russel Road

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Self employed Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : SA11AI.5312**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8000.00

**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 11 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Peggy Danziger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 155 East 69th Street  
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 **1000.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : SA11AI.5311**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**B. Abbey Darer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1025 5th Avenue 9B  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Abbey Darer Interiors Occupation Designer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : SA11AI.5272**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**C. Beatrice Disman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E 56th St Apt 15F  
City New York State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 06 / 2015**  
**Transaction ID : SA11AI.5259**  
Amount of Each Receipt this Period **1000.00**  
Contribution

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>3000.00</b> |
| <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 12 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Cynthia Drew**  
Full Name (Last, First, Middle Initial)  
Mailing Address 119 E. 84th Street  
8D  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NYSE Euronext Occupation Finance Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : SA11AI.5283**  
Amount of Each Receipt this Period 1000.00  
Contribution

**B. Bonnie Englehardt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 521 5th Ave Rm 1804  
City New York State NY Zip Code 17175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Real Estate, Photograph  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : SA11AI.5281**  
Amount of Each Receipt this Period 1000.00  
Contribution

**C. Elissa Epstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15 W 63rd St, Apt 17A  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Real Estate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2015  
**Transaction ID : SA11AI.5351**  
Amount of Each Receipt this Period 1000.00  
Contribution

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

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

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

FOR LINE NUMBER: PAGE 13 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Phyllis Feder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Central Park West  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11AI.5252**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B. Celia Felsher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 521 Eagle Knolls Rd  
 City Larchmont State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Reservoir Capital Group, L.L.C Occupation Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.5248**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C. Fredrica Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 Fifth Avenue  
 City New York State NY Zip Code 10065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fredrica S. Friedman Co Inc Occupation Literary Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11AI.5255**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Marilyn Friedman**  
Full Name (Last, First, Middle Initial)  
Marilyn Friedman  
Mailing Address 895 Park Avenue  
City New York State NY Zip Code 10075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Design Historian  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 09 / 2015**  
**Transaction ID : SA11AI.5264**  
Amount of Each Receipt this Period **5000.00**  
Contribution

**B. Gail Furman**  
Full Name (Last, First, Middle Initial)  
Gail Furman  
Mailing Address 151 East 83rd Street  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Psychologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 03 / 2015**  
**Transaction ID : SA11AI.5253**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**C. Arlyn Gardner**  
Full Name (Last, First, Middle Initial)  
Arlyn Gardner  
Mailing Address 350 Grace Church Street  
City Rye State NY Zip Code 10580  
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 **1000.00**

Date of Receipt **03 / 02 / 2015**  
**Transaction ID : SA11AI.5250**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **7000.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Judith Gibbons**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2247

City Setauket State NY Zip Code 11733

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

Name of Employer N/A Occupation Retired

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  
 04 / 08 / 2015  
**Transaction ID : SA11AI.5315**

Amount of Each Receipt this Period  
5000.00

Contribution

**B. Sunny Goldberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 Orienta Avenue

City Mamaroneck State NY Zip Code 10543

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

Name of Employer Self employed Occupation Volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.5301**

Amount of Each Receipt this Period  
1000.00

Contribution

**C. Jane Harmon**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Kettle Creek Road

City Weston State CT Zip Code 06883

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

Name of Employer Jane Harmon Associates Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 15 / 2015  
**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
1000.00

Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 7000.00 |
| <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 16 OF 46   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Jane Harmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Kettle Creek Road  
 City Weston State CT Zip Code 06883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jane Harmon Associates Occupation Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : SA11AI.5307**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Harriet Helfenbein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Attitash Street  
 City Chappaqua State NY Zip Code 10514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation Speech Pathologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : SA11AI.5277**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**C. Anne Hess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 East 18th Street  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 10 / 2015**  
**Transaction ID : SA11AI.5268**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>3000.00</b> |
| <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 46   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Fern Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 5th Ave  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 05 / 05 / 2015  
**Transaction ID : SA11AI.5329**  
 Amount of Each Receipt this Period  
**1000.00**  
 Contribution

**B. Jill Iscol**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 Lyndel Road  
 City Pound Ridge State NY Zip Code 10576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IF Hummingbird Foundation Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 05 / 20 / 2015  
**Transaction ID : SA11AI.5337**  
 Amount of Each Receipt this Period  
**2000.00**  
 Contribution

**C. Nancy Karotkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Reimer Rd  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Volunteer and Philanthropist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 05 / 28 / 2015  
**Transaction ID : SA11AI.5339**  
 Amount of Each Receipt this Period  
**1000.00**  
 Contribution

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>4000.00</b> |
| <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 46   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Karen Karpowich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 E 71st Street  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAI Occupation Non-profit Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : SA11AI.5317**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**B. Karen Kasner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Murray Hill Road  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Attorney, Advocate, Volunteer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.5279**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C. Courtney Katzenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 E 84th St  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Rose Fulbright LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015  
**Transaction ID : SA11AI.5261**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Sarah Kovner**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 West 67th Street

City New York State NY Zip Code 10023

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

Name of Employer N / A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.5246**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B. Victor Kovner**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 West 67th Street

City New York State NY Zip Code 10023

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

Name of Employer Davis Wright Tremaine LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11AI.5241**

Amount of Each Receipt this Period  
 1000.00

Contribution

**C. Susan Kraus**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 East 80th Street

City New York State NY Zip Code 10075

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : SA11AI.5257**

Amount of Each Receipt this Period  
 1000.00

Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 20 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jill Lafer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 Fifth Avenue  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 20 / 2015**  
**Transaction ID : SA11AI.5237**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Joanne Lang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 Park Avenue  
 City New York State NY Zip Code 10022  
 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 **1000.00**

Date of Receipt **03 / 19 / 2015**  
**Transaction ID : SA11AI.5284**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**C. Susan Levkoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 N Moore Street, Apt. 7A  
 City New York State NY Zip Code 10013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation Real Estate Broker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : SA11AI.5316**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Carol Lipsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1385 York Ave, 21-A  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : SA11AI.5276**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**B. Nancy Locker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 983 Park Ave  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 08 / 2015**  
**Transaction ID : SA11AI.5314**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**C. Linda Mandle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 East 88th Street  
City New York State NY Zip Code 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2015**  
**Transaction ID : SA11AI.5303**  
Amount of Each Receipt this Period **1000.00**  
Contribution

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>3000.00</b> |
| <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 22 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Joyce Menschel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1035 Fifth Avenue, 7B

City New York State NY Zip Code 10028

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

Name of Employer No employer Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 10 / 2015  
**Transaction ID : SA11AI.5265**

Amount of Each Receipt this Period  
1000.00

Contribution

**B. Joyce Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1160 Park Ave, #2B

City New York State NY Zip Code 10128

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

Name of Employer Metropolitan Museum of Art Occupation Docent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : SA11AI.5278**

Amount of Each Receipt this Period  
1000.00

Contribution

**C. Sally Minard**  
Full Name (Last, First, Middle Initial)

Mailing Address 133 East 62nd Street

City New York State NY Zip Code 10065

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

Name of Employer Franklin D Roosevelt Freedoms Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : SA11AI.5263**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 23 OF 46   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

Full Name (Last, First, Middle Initial)  
**A. Stephanie Neville**

Mailing Address 265 E 66th St  
Apt 10E

City New York State NY Zip Code 10065

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2015  
**Transaction ID : SA11AI.5239**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Nancy Newhouse**

Mailing Address 998 5th Avenue

City New York State NY Zip Code 10028

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

Name of Employer Self employed Occupation Author, Lecturer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11AI.5270**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Felicity Nitz**

Mailing Address 4645 Independence Avenue

City Bronx State NY Zip Code 10471

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

Name of Employer No Employer Occupation No Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
1000.00

Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Naomi Paley**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Central Park West

City New York State NY Zip Code 10023

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

Name of Employer N/A Occupation Retired Family Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : SA11AI.5306**

Amount of Each Receipt this Period  
1000.00

Contribution

**B. Sharon Patrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 East 84th Street PH

City New York State NY Zip Code 10028

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

Name of Employer Patrick Partners Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
03 / 04 / 2015  
**Transaction ID : SA11AI.5256**

Amount of Each Receipt this Period  
2000.00

Contribution

**C. Ronnie Planalp**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 West 88th Street

City New York State NY Zip Code 10024

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

Name of Employer Self Employed Occupation Theatrical/Movie Producer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 27 / 2015  
**Transaction ID : SA11AI.5243**

Amount of Each Receipt this Period  
1000.00

Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 4000.00 |
| <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 25 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Letty Cottin Pogrebin**

Mailing Address 33 West 67th Street

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Self Employed Writer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.5247**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Linda Rosensweig**

Mailing Address 116 Carthage Rd

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Self-Employed Tennis Professional

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 770 Park Ave

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
N/A Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11AI.5282**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Joan Rothman**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Mamaroneck Road

City Scarsdale State NY Zip Code 10583

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : SA11AI.5327**

Amount of Each Receipt this Period  
1000.00

Contribution

**B. Beth Sapery**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 West 58th Street

City New York State NY Zip Code 10019

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.5275**

Amount of Each Receipt this Period  
1000.00

Contribution

**C. Rosita Sarnoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 West 58th Street

City New York State NY Zip Code 10019

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

Name of Employer Stribling Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : SA11AI.5274**

Amount of Each Receipt this Period  
1000.00

Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 27 OF 46  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Kathleen Sloane**

Mailing Address 952 Fifth Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Brown Harris & Stevens Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2015

**Transaction ID : SA11AI.5313**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Susan Stern**

Mailing Address 39 Park Road

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
N/A Volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2015

**Transaction ID : SA11AI.5400**

Amount of Each Receipt this Period  
1000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Aimee Telsey**

Mailing Address 601 W. 103th Street

City State Zip Code  
New York NY 10055

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

Name of Employer Occupation  
Mt. Sinai/Beth Israel Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2015

**Transaction ID : SA11AI.5310**

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Fern Tessler**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 East End Avenue

City New York State NY Zip Code 10028

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

Name of Employer No Employer Occupation No Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : SA11AI.5238**

Amount of Each Receipt this Period  
1000.00

Contribution

**B. Karen Ubelhart**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 West End Avenue, Apt. 7A

City New York State NY Zip Code 10025

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

Name of Employer Bloomberg LP Occupation Financial Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 23 / 2015  
**Transaction ID : SA11AI.5242**

Amount of Each Receipt this Period  
1000.00

Contribution

**C. Ann Unterberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 49 East 67th Street

City New York State NY Zip Code 10065

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : SA11AI.5271**

Amount of Each Receipt this Period  
1500.00

Contribution

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3500.00 |
| <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 29 OF 46                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Maria T Vullo</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 14 / 2015<br><b>Transaction ID : SA11AI.5336</b> |
| Mailing Address 40 W 77th St<br>Apt. 16-B   |                                     | Amount of Each Receipt this Period<br>1000.00  |
| City New York   | State NY                            | Zip Code 10024   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Contribution   |
| Name of Employer<br>Paul, Weiss, Rifkind, Wharton,  | Occupation<br>Attorney              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joanna Weber</b>   |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2015<br><b>Transaction ID : SA11AI.5249</b> |
| Mailing Address 1965 Broadway, 29E  |                                     | Amount of Each Receipt this Period<br>1000.00  |
| City New York   | State NY                            | Zip Code 10023   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Contribution   |
| Name of Employer<br>Self employed   | Occupation<br>Psychotherapist       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Peggy Wurm</b>   |                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 12 / 2015<br><b>Transaction ID : SA11AI.5349</b> |
| Mailing Address 200 E 33rd St<br>Apt 28J  |                                     | Amount of Each Receipt this Period<br>1000.00  |
| City New York   | State NY                            | Zip Code 10016   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Contribution   |
| Name of Employer<br>Self  | Occupation<br>Physician             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 95250.00 |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : SB21B.5297**

Amount of Each Disbursement this Period

87.15

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2015

**Transaction ID : SB21B.5380**

Amount of Each Disbursement this Period

7.95

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB21B.5381**

Amount of Each Disbursement this Period

768.55

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

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

863.65

**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"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

**Transaction ID : SB21B.5383**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

**Transaction ID : SB21B.5384**

Amount of Each Disbursement this Period

58.10

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

**Transaction ID : SB21B.5385**

Amount of Each Disbursement this Period

7.95

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

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

74.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 06 |   |   | 05 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.5386**

Amount of Each Disbursement this Period

|       |
|-------|
| 87.00 |
|-------|

**B. Chase Paymentech**

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 04 |   |   | 02 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.5393**

Amount of Each Disbursement this Period

|        |
|--------|
| 409.99 |
|--------|

**C. Chase Paymentech**

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 05 |   |   | 04 |   |   | 2015 |   |   |   |

**Transaction ID : SB21B.5394**

Amount of Each Disbursement this Period

|       |
|-------|
| 95.41 |
|-------|

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

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

|        |
|--------|
| 592.40 |
|--------|

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Chase Paymentech**

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 02    | / | 2015      |

Transaction ID : SB21B.5395

Amount of Each Disbursement this Period

|       |
|-------|
| 76.54 |
|-------|

Full Name (Last, First, Middle Initial)

**B. Kazuko Kato**

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    | / | 06    | / | 2015      |

Transaction ID : SB21B.5332

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. Kazuko Kato**

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    | / | 05    | / | 2015      |

Transaction ID : SB21B.5341

Amount of Each Disbursement this Period

|       |
|-------|
| 39.50 |
|-------|

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

|        |
|--------|
| 616.04 |
|--------|

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

**A. Paul Evan's Caterers**

Mailing Address 46B Saratoga Blvd

City Island Park State NY Zip Code 11558

Purpose of Disbursement  
Catering

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  
06 / 05 / 2015

**Transaction ID : SB21B.5343**

Amount of Each Disbursement this Period

3532.90

Full Name (Last, First, Middle Initial)

**B. Political Compliance Management Services, LLC**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Accounting Services

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  
02 / 18 / 2015

**Transaction ID : SB21B.5229**

Amount of Each Disbursement this Period

600.98

Full Name (Last, First, Middle Initial)

**C. Political Compliance Management Services, LLC**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Accounting Services

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  
03 / 25 / 2015

**Transaction ID : SB21B.5288**

Amount of Each Disbursement this Period

604.35

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

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

4738.23

**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"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Political Compliance Management Services, LLC**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

**Transaction ID : SB21B.5333**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Political Compliance Management Services, LLC**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC accounting services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

**Transaction ID : SB21B.5342**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Political Compliance Management Services, LLC**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2015

**Transaction ID : SB21B.5352**

Amount of Each Disbursement this Period

605.88

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

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

2405.88

**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"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Raden**

Mailing Address 455 Park Ave

City New York State NY Zip Code 10022

Purpose of Disbursement  
Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

**Transaction ID : SB21B.5358**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. James Stanton**

Mailing Address 235 East 22nd Street  
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement  
Graphic Design Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : SB21B.5245**

Amount of Each Disbursement this Period

675.00

Full Name (Last, First, Middle Initial)

**C. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

**Transaction ID : SB21B.5207**

Amount of Each Disbursement this Period

1250.00

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

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

2125.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2015

Transaction ID : SB21B.5234

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 22 / 2015

Transaction ID : SB21B.5230

Amount of Each Disbursement this Period

132.50

Full Name (Last, First, Middle Initial)

**C. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

Transaction ID : SB21B.5231

Amount of Each Disbursement this Period

250.00

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

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

1582.50

**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"/> 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)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B.5233**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SB21B.5295**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 1173A Second Ave

City New York State NY Zip Code 10065

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SB21B.5295.0**

Amount of Each Disbursement this Period

200.00

**[MEMO ITEM]**

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21B.5289**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. UPS Store**

Mailing Address 1173A Second Ave

City New York State NY Zip Code 10065

Purpose of Disbursement  
Event Supplies, Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

**Transaction ID : SB21B.5289.1**

Amount of Each Disbursement this Period

137.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : SB21B.5396**

Amount of Each Disbursement this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Mailing Address 1173A Second Ave

City New York State NY Zip Code 10065

Purpose of Disbursement  
Supplies and Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 31    | / | 2015      |

**Transaction ID : SB21B.5396.1**

Amount of Each Disbursement this Period

|        |
|--------|
| 188.00 |
|--------|

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 15    | / | 2015      |

**Transaction ID : SB21B.5331**

Amount of Each Disbursement this Period

|         |
|---------|
| 1250.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    | / | 14    | / | 2015      |

**Transaction ID : SB21B.5357**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 2250.00 |
|---------|

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

**A. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

**Transaction ID : SB21B.5397**

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
Administrative Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : SB21B.5354**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : SB21B.5405**

Amount of Each Disbursement this Period

250.00

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

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

1950.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
PAC Event Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : SB21B.5398**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Marcia D. Sudolsky**

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

**Transaction ID : SB21B.5404**

Amount of Each Disbursement this Period

263.00

Full Name (Last, First, Middle Initial)

**C. Comfort Inn**

Mailing Address 31 W 71st St

City New York State NY Zip Code 10023

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

**Transaction ID : SB21B.5404.0**

Amount of Each Disbursement this Period

263.00

**[MEMO ITEM]**

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

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

363.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)  
**Tri-State Maxed-Out Women**

**A. Marcia D. Sudolsky**

Full Name (Last, First, Middle Initial)

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement PAC Event Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2015

Transaction ID : **SB21B.5401**

Amount of Each Disbursement this Period: 450.00

Category/Type

**B. Marcia D. Sudolsky**

Full Name (Last, First, Middle Initial)

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement PAC Event Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2015

Transaction ID : **SB21B.5403**

Amount of Each Disbursement this Period: 200.00

Category/Type

**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

Amount of Each Disbursement this Period

Category/Type

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 650.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 20210.70 |

**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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. CAIN FOR CONGRESS**

Mailing Address P.O. BOX 1523

City BANGOR State ME Zip Code 04402

Purpose of Disbursement Contribution

Candidate Name  
**EMILY ANN CAIN**

Office Sought:  House  Senate  President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 5 |

Transaction ID : **SB23.5366**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Catherine Cortez Masto for Senate**

Mailing Address 8020 SOUTH RAINBOW BLVD  
#100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement Contribution

Candidate Name  
**Catherine Cortez Masto**

Office Sought:  House  Senate  President  
State: NV District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 5 |

Transaction ID : **SB23.5367**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement Contribution

Candidate Name  
**CHERI BUSTOS**

Office Sought:  House  Senate  President  
State: IL District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 1 | 5 |

Transaction ID : **SB23.5376**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

**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)

**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement Contribution

Candidate Name **ELIZABETH ESTY**

Office Sought:  House  Senate  President  
State: CT District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SB23.5375**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. HILLARY FOR AMERICA**

Mailing Address PO BOX 5256

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement Contribution

Candidate Name **HILLARY RODHAM CLINTON**

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2015

**Transaction ID : SB23.5361**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement Contribution

Candidate Name **JULIA BROWNLEY**

Office Sought:  House  Senate  President  
State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2015

**Transaction ID : SB23.5377**

Amount of Each Disbursement this Period

2500.00

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

**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)  
**Tri-State Maxed-Out Women**

Full Name (Last, First, Middle Initial)

**A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 19    |   | 2015        |

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

**Transaction ID : SB23.5371**

City State Zip Code  
ROCHESTER NY 14607

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
Contribution

|  |
|--|
|  |
|--|

Candidate Name

**LOUISE MCINTOSH SLAUGHTER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Full Name (Last, First, Middle Initial)

**B. MONICA VERNON FOR CONGRESS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 19    |   | 2015        |

Mailing Address 326 23RD STREET DRIVE SE

**Transaction ID : SB23.5373**

City State Zip Code  
CEDAR RAPIDS IA 52403

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
Contribution

|  |
|--|
|  |
|--|

Candidate Name

**MONICA W VERNON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

City State Zip Code

Purpose of Disbursement

|  |
|--|
|  |
|--|

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

|         |
|---------|
| 5000.00 |
|---------|

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

|          |
|----------|
| 22500.00 |
|----------|