

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

L PAC

ADDRESS (number and street) 1001 G Street, NW Suite 800 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00519413

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2016 through 09/30/2016

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

Rosen, Hilary, , ,

Type or Print Name of Treasurer

Signature of Treasurer Rosen, Hilary, , , [Electronically Filed] Date 10/15/2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

L PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="92680.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="180196.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="306263.46"/>	<input type="text" value="1101234.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="486459.97"/>	<input type="text" value="1193915.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="319301.21"/>	<input type="text" value="1026756.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="167158.76"/>	<input type="text" value="167158.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**L PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44413.60	78114.56
(ii) Unitemized .....	4009.18	5632.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	48422.78	83746.90
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6075.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	48422.78	89821.90
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).....	465.68	465.68
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	257375.00	1010947.22
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)).....▶	306263.46	1101234.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	306263.46	1101234.80

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1159.70	149181.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1159.70	149181.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53023.60	119474.56
24. Independent Expenditures (use Schedule E) .....	0.00	2022.22
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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 (Including Non-Federal Donations).....	265117.91	756078.27
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	319301.21	1026756.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	319301.21	1026756.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	48422.78	89821.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48422.78	89821.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1159.70	149181.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	465.68	465.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	694.02	148716.07

**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 112
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Atkins, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Washington St  
 135  
 City San Diego State CA Zip Code 92103-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2016  
**Transaction ID : VNW3HEG8NS5**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Earmarked for KAMALA HARRIS FOR SENATE

**B. Bayles, Autumn, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 322 Brown St  
 Apt F  
 City Philadelphia State PA Zip Code 19123-2255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aramark Occupation (for Individual) management  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2016  
**Transaction ID : VNW3HEG4WY0**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Bayles, Autumn, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 322 Brown St  
 Apt F  
 City Philadelphia State PA Zip Code 19123-2255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aramark Occupation (for Individual) management  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2016  
**Transaction ID : VNW3HEG73P4**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<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 112
	<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)  
**L PAC**

**A. Benjamin, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Alden St  
 Apt 324  
 City Provincetown State MA Zip Code 02657-1481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : VNW3HEH63A6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Bremner, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 907 Allahana Way  
 City Santa Fe State NM Zip Code 87501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **09 / 08 / 2016**  
**Transaction ID : VNW3HERT5Q4**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cohen, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2109 Broadway  
 Apt 1365  
 City New York State NY Zip Code 10023-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : VNW3HEH63G3**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 8 OF 112
<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)  
**L PAC**

**A. Cohen, Lizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76 Brattle St  
 City Cambridge State MA Zip Code 02138-3452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : VNW3HET76A0**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Collins, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Morton St Apt 11  
 City New York State NY Zip Code 10014-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYC Dept of Education Occupation (for Individual) Teacher  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2016  
**Transaction ID : VNW3HEQSZZ2**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**C. Cull, Rhian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Westminster St Ste 1500  
 City Providence State RI Zip Code 02903-2395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hinckley Allen Occupation (for Individual) Attorney  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2016  
**Transaction ID : VNW3HEG4WA2**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.16
<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 9 OF 112
	<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)  
**L PAC**

**A. Eggers, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 Mullen Ave  
 City San Francisco State CA Zip Code 94110-5331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired R.N. LCSW  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 20.00

Date of Receipt  
 08 / 12 / 2016  
**Transaction ID : VNW3HEP4K97**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**B. Felicio, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Westchester Rd  
 Address Line 2  
 City Jamaica Plain State MA Zip Code 02130-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Catalyst Occupation (for Individual) Fundraiser  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH63C2**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Franchot, Penelope, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH6380**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.16
<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 10 OF 112  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gillespie, Mary, , ,**

Mailing Address 5701 NE 21st Ave

City Fort Lauderdale State FL Zip Code 33308-2432

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

Name of Employer (for Individual) none Occupation (for Individual) retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2016

**Transaction ID : VNW3HES2ZA0**

Amount of Each Receipt this Period  
20.16

Memo Item

Earmarked for ANGIE CRAIG FOR CONGRESS

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

Mailing Address PO Box 301840

City Boston State MA Zip Code 02130-0016

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

Name of Employer (for Individual) Northstar Asset Occupation (for Individual) Investment Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2016

**Transaction ID : VNW3HEH6315**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address PO Box 301840

City Boston State MA Zip Code 02130-0016

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

Name of Employer (for Individual) Northstar Asset Occupation (for Individual) Investment Advisor

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2016

**Transaction ID : VNW3HEH64V1**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1270.16

**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 112
	<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)  
**L PAC**

**A. Green, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 Spring Park Ave  
 City Jamaica Plain State MA Zip Code 02130-4428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : VNW3HET7611**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Heinberg, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Lanvale Ave  
 City Asheville State NC Zip Code 28806-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH62R4**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Hoover, Gretchen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1087  
 City Rhinelander State WI Zip Code 54501-1087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 None 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  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH62E5**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5800.00
<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 12 OF 112
	<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)  
**L PAC**

**A. Hyde, Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9360 Baypoint Ct  
 City Reno State NV Zip Code 89523-6911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PeopleLink Occupation (for Individual) Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2016  
**Transaction ID : VNW3HES3WP7**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**B. Johnson, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 12550  
 City Tucson State AZ Zip Code 85732-2550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) na  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : VNW3HEM3ZQ0**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**C. Johnson, Peggy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1245 Adams St Unit B303  
 City Dorchester Center State MA Zip Code 02124-5799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : VNW3HET75T5**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 112
<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Joplin, Linda, C, ,</b>			Date of Receipt MM / DD / YYYY 09 / 15 / 2016
Mailing Address 13312 Edinburgh Dr			<b>Transaction ID : VNW3HES2ZZ5</b>
City Westminster	State CA	Zip Code 92683-1732	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) None		Occupation (for Individual) Retired	Earmarked for ANGIE CRAIG FOR CONGRESS
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kight, Kate, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 26 / 2016
Mailing Address 1629 L St NE Unit 303			<b>Transaction ID : VNW3HESM1Q3</b>
City Washington	State DC	Zip Code 20002-3055	Amount of Each Receipt this Period 20.16
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) LPAC		Occupation (for Individual) Special Ops	Earmarked for Hillary for America
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lay, C, , ,</b>			Date of Receipt MM / DD / YYYY 07 / 18 / 2016
Mailing Address 1226 Cooksie St			<b>Transaction ID : VNW3HEG4Y06</b>
City Baltimore	State MD	Zip Code 21230-5231	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Information Requested		Occupation (for Individual) Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.16
<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 14 OF 112
	<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)  
**L PAC**

**A. Lenane, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 681  
 City Provincetown State MA Zip Code 02657-0681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Real Estate Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 18 / 2016**  
**Transaction ID : VNW3HEG4W86**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Leszczynski, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2016  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 15 / 2016**  
**Transaction ID : VNW3HES3VD3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**C. Lewis, Ruth Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Seymour St Unit 3  
 City Roslindale State MA Zip Code 02131-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ruth E Lewis PhD LLC Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : VNW3HEH6331**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**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 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Lewis, Ruth Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Seymour St  
 Unit 3  
 City Roslindale State MA Zip Code 02131-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ruth E Lewis PhD LLC Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : VNW3HET75D3**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Magliocco, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 NE 3rd St  
 City Fort Lauderdale State FL Zip Code 33301-1670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) stephen a magliocco, architect Occupation (for Individual) architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH63B4**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Nash, Gillian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Leeward Rd  
 City Belvedere Tiburon State CA Zip Code 94920-2321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LifeLock Occupation (for Individual) Executive VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : VNW3HESE7H9**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<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 112
	<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)  
**L PAC**

**A. Piatt, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 Canton Ave  
 City Milton State MA Zip Code 02186-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : VNW3HEH63J9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 12 / 2016**  
**Transaction ID : VNW3HERX626**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 Earmarked for MAGGIE FOR NH

**C. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 14 / 2016**  
**Transaction ID : VNW3HES0Q98**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6400.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 112
	<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)  
**L PAC**

**A. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 29 / 2016  
**Transaction ID : VNW3HESTM23**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 Earmarked for DENISE JUNEAU FOR CONGRESS

**B. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 30 / 2016  
**Transaction ID : VNW3HESX542**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item  
 Earmarked for MAGGIE FOR NH

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD554**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 Earmarked for KIRKPATRICK FOR ARIZONA

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 112
	<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)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ritchie, Alix, L, ,</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 30220		<b>Transaction ID : VNW3HETD570</b>
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Fort Lauderdale	Occupation (for Individual) media consultant	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Earmarked for MAGGIE FOR NH

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ritchie, Alix, L, ,</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 30220		<b>Transaction ID : VNW3HETD596</b>
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Fort Lauderdale	Occupation (for Individual) media consultant	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Earmarked for DEBORAH ROSS FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ritchie, Alix, L, ,</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 30220		<b>Transaction ID : VNW3HETD5A4</b>
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Fort Lauderdale	Occupation (for Individual) media consultant	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Earmarked for KATIE MCGINTY FOR SENATE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<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 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5D7**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 Earmarked for TAMMY FOR ILLINOIS

**B. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5E5**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 Earmarked for CATHERINE CORTEZ MASTO FOR SENATE

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5H9**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Earmarked for KAMALA HARRIS FOR SENATE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 112
	<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)  
**L PAC**

**A. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5J7**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Earmarked for RUSS FOR WISCONSIN

**B. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5K5**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5M3**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 Earmarked for CAIN FOR CONGRESS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**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 112
	<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)  
**L PAC**

**A. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5N0**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 Earmarked for VAL DEMINGS FOR CONGRESS

**B. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2016  
**Transaction ID : VNW3HETD5Q6**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 Earmarked for DENISE JUNEAU FOR CONGRESS

**C. Rose, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 681  
 City Provincetown State MA Zip Code 02657-0681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Provincetown Banner Occupation (for Individual) Editor  
 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  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH63K7**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 22 OF 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rubin/Filardi, Del, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2016
Mailing Address PO Box 1203 PO Box1203		Transaction ID : <b>VNW3HER3VY5</b>
City Truro	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Sculptor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rubin/Filardi, Del, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2016
Mailing Address PO Box 1203 PO Box1203		Transaction ID : <b>VNW3HESHY49</b>
City Truro	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Sculptor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Schmidt, Sarah, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2016
Mailing Address 845 Michigan Ave		Transaction ID : <b>VNW3HESS7X0</b>
City Wilmette	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) self	Occupation (for Individual) consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<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 23 OF 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Serafini, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86 Hammond St  
 City Acton State MA Zip Code 01720-3225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CSC ServiceWorks Occupation (for Individual) lawyer  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 15 / 2016  
**Transaction ID : VNW3HES30B0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**B. Shatkin, JoAnne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Perkins St Apt 223  
 City Jamaica Plain State MA Zip Code 02130-4323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : VNW3HEH62V7**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Shipp, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15955 Frederick Rd Apt 1308  
 City Rockville State MD Zip Code 20855-2295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LPAC Occupation (for Individual) Executive  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 26 / 2016  
**Transaction ID : VNW3HESM1R9**  
 Amount of Each Receipt this Period 20.16  
 Memo Item  
 Earmarked for Hillary for America

**SUBTOTAL** of Receipts This Page (optional)..... 360.16  
**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 24 OF 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Slavin, Jeffrey, Z., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5706 Warwick PI  
 City Chevy Chase State MD Zip Code 20815-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Town of Somerset, MD Occupation (for Individual) MayorTown  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : VNW3HEH64X7**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Sloan, Stan J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Garrison Ave # 1  
 City Jersey City State NJ Zip Code 07306-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Family Equality Council Occupation (for Individual) ED  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **09 / 29 / 2016**  
**Transaction ID : VNW3HESSK90**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Earmarked for Hillary for America

**C. Smith, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Webster St  
 City Newport State RI Zip Code 02840-4031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : VNW3HEH6398**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 112
	<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)  
**L PAC**

**A. Stanley, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 268  
 200 Berger rd  
 City Matamoras State PA Zip Code 18336-0268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2016  
**Transaction ID : VNW3HESNGP2**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Earmarked for Hillary for America

**B. Sturtz, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1676 10th St  
 City Los Osos State CA Zip Code 93402-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2016  
**Transaction ID : VNW3HEM3ZX7**  
 Amount of Each Receipt this Period  
 72.00  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**C. Suchors, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Mount Vernon St  
 City Cambridge State MA Zip Code 02140-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : VNW3HET75B7**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	422.00
<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 26 OF 112
	<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)  
**L PAC**

**A. Teslow, Sheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4949 N 73rd St  
 City Lincoln State NE Zip Code 68507-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blue, Inc. Occupation (for Individual) freelance court reporter  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 08 / 12 / 2016  
**Transaction ID : VNW3HEP4JZ8**  
 Amount of Each Receipt this Period  
 20.16  
 Memo Item  
 Earmarked for ANGIE CRAIG FOR CONGRESS

**B. Walton, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 Commercial St  
 City Provincetown State MA Zip Code 02657-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 05 / 2016  
**Transaction ID : VNW3HEH63E8**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Walton, Tammy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 Commercial St  
 City Provincetown State MA Zip Code 02657-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 0.00

Date of Receipt  
 08 / 10 / 2016  
**Transaction ID : VNW3HESAEC5**  
 Amount of Each Receipt this Period  
 -500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20.16  
**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 27 OF 112  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ware, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Hilliard St  
 City Cambridge State MA Zip Code 02138-4922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Author  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2016  
**Transaction ID : VNW3HES8ZZ5**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Ware, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Hilliard St  
 City Cambridge State MA Zip Code 02138-4922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Author  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : VNW3HETD5S2**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item  
 Earmarked for Hillary for America

**C. Ware, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Hilliard St  
 City Cambridge State MA Zip Code 02138-4922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Author  
 Receipt For: 2016  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : VNW3HET7660**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 112
	<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)  
**L PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
York, Beverly, , ,

Mailing Address 111 Bean Creek Rd  
Unit 35

City Scotts Valley State CA Zip Code 95066-4136

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
141.12

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : VNW3HESNOV8**

Amount of Each Receipt this Period  
20.16

Memo Item

Earmarked for Hillary for America

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

Mailing Address 111 Bean Creek Rd  
Unit 35

City Scotts Valley State CA Zip Code 95066-4136

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
141.12

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : VNW3HESNM07**

Amount of Each Receipt this Period  
20.16

Memo Item

Earmarked for Hillary for America

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.32
<b>TOTAL</b> This Period (last page this line number only).....	44413.60

**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 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Aronstein, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Moraine St  
 City Jamaica Plain State MA Zip Code 02130-4316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HRIA Inc Occupation (for Individual) Adminstrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : VNW3HESS8T9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**B. Atkins, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 Washington St 135  
 City San Diego State CA Zip Code 92103-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retured  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2016  
**Transaction ID : VNW3HES9TG3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**C. Barreto, Amilcar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 Hemenway St Apt 102  
 City Boston State MA Zip Code 02115-4121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NE Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : VNW3HESS8P8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bechdel, Alison, , ,</b>			Date of Receipt
Mailing Address 1915 Notch Rd			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2016"/>
City Jericho	State VT	Zip Code 05465-9568	<b>Transaction ID : VNW3HESM6M9</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Self		Occupation (for Individual) Cartoonist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Belot, Jana, , ,</b>			Date of Receipt
Mailing Address 53 Scheurman Ter Apt 711			<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City Warren	State NJ	Zip Code 07059-7154	<b>Transaction ID : VNW3HEH69T4</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) gotta dance		Occupation (for Individual) self	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>		Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Belot, Jana, , ,</b>			Date of Receipt
Mailing Address 53 Scheurman Ter Apt 711			<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Warren	State NJ	Zip Code 07059-7154	<b>Transaction ID : VNW3HESTJQ6</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) gotta dance		Occupation (for Individual) self	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>		Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Bernstein, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 Ellery St  
 City Cambridge State MA Zip Code 02138-4355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : VNW3HEH1BN9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**B. Bettencourt Fox, Jan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address n/a  
 City Waltham State MA Zip Code 02657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) best effort Occupation (for Individual) best effort  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : VNW3HEH0GC2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**C. Bowers Disney, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2511 Hurston Ln NE  
 City Washington State DC Zip Code 20018-3805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brady Campaign to Prevent Gun Violence Occupation (for Individual) Organizer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : VNW3HEH18N4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Bradford, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Mariners Ln  
 City Marblehead State MA Zip Code 01945-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fenway Health Occupation (for Individual) Community Health Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 26 / 2016  
**Transaction ID : VNW3HEGKK00**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 Non contribution account

**B. Brauer, Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Calvin Rd  
 City Jamaica Plain State MA Zip Code 02130-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Self  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : VNW3HESS923**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non contribution account

**C. Columbia-Walsh, MEG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Winthrop St # C  
 City Provincetown State MA Zip Code 02657-1320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wylei Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : VNW3HEH5CS4**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**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 33 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Cruz, Ana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1726 E 7th Ave  
 City Tampa State FL Zip Code 33605-3816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Governmental Affairs, Managing Partne  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 06 / 2016**  
**Transaction ID : VNW3HEFKZX2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non contribution account

**B. Cull, Rhian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Westminster St Ste 1500  
 City Providence State RI Zip Code 02903-2395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hinckley Allen Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : VNW3HERWJE7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**C. Davis, Matha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Woodbridge Drive  
 City Woodbridge State NJ Zip Code 07095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 30 / 2016**  
**Transaction ID : VNW3HEGQZF6**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<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 34 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Dicarlo, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : VNW3HEH6592**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**B. Eychaner, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1645 W Fullerton Ave  
 City Chicago State IL Zip Code 60614-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Newsweb Corporation Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : VNW3HERTZQ9**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non contribution account

**C. Felicio, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Westchester Rd Address Line 2  
 City Jamaica Plain State MA Zip Code 02130-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Catalyst Occupation (for Individual) Fundraiser  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 21 / 2016  
**Transaction ID : VNW3HEH62F3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51500.00  
**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 35 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Finan, Eileen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Frances Rd  
 City Lexington State MA Zip Code 02421-7511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harvard Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : VNW3HESS8X3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**B. Gattuso, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 Tilden St NW Apt 502C  
 City Washington State DC Zip Code 20008-3084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kilpatrick Townsend & Stockton LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **07 / 08 / 2016**  
**Transaction ID : VNW3HEFRWP1**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non

**C. Gibbon, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1028 7th St NE  
 City Washington State DC Zip Code 20002-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Willis Towers Watson Occupation (for Individual) Senior Consulting Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 454.00

Date of Receipt **09 / 29 / 2016**  
**Transaction ID : VNW3HESV570**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Goodridge, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 301840  
 City Boston State MA Zip Code 02130-0016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northstar Asset Occupation (for Individual) Investment Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : VNW3HESS980**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**B. Grainger, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Court St 2E  
 City Brooklyn State NY Zip Code 11201-4912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Civitas Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 16 / 2016**  
**Transaction ID : VNW3HEG3NX7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non contribution account

**C. Grainger, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 Court St 2E  
 City Brooklyn State NY Zip Code 11201-4912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Civitas Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 16 / 2016**  
**Transaction ID : VNW3HEQ36Q3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 37 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Grainger, Katherine, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2016
Mailing Address 56 Court St 2E		<b>Transaction ID : VNW3HES42D8</b>
City Brooklyn	State NY	Zip Code 11201-4912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Civitas	Occupation (for Individual) Principal	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gray, Mary, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2016
Mailing Address 48 Hawthorne St		<b>Transaction ID : VNW3HESS8R4</b>
City Somerville	State MA	Zip Code 02144-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) Microsoft	Occupation (for Individual) Researcher	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gund, Agnes, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 12 / 2016
Mailing Address 765 Park Ave Apt 14B		<b>Transaction ID : VNW3HEP5MQ7</b>
City New York	State NY	Zip Code 10021-4271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer (for Individual) Museum of Modern Art	Occupation (for Individual) President Emerita, Art Historian	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 25000.00	Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	26600.00
<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 38 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Hunt, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 S Woodlawn Ave  
 City Chicago State IL Zip Code 60637-1636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AIDS Foundation of Chicago Occupation (for Individual) Activist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : VNW3HEGNX32**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Non contribution account

**B. Hunt, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 S Woodlawn Ave  
 City Chicago State IL Zip Code 60637-1636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AIDS Foundation of Chicago Occupation (for Individual) Activist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 29 / 2016**  
**Transaction ID : VNW3HER4RF8**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Non contribution account

**C. Hunt, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5514 S Woodlawn Ave  
 City Chicago State IL Zip Code 60637-1636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AIDS Foundation of Chicago Occupation (for Individual) Activist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 29 / 2016**  
**Transaction ID : VNW3HESSKB6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Non contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Huth, Tom, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Walnut St  
 Apt 2  
 City Brookline State MA Zip Code 02445-7570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Architech  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt **07 / 30 / 2016**  
**Transaction ID : VNW3HEGQZ33**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**B. Jobin, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2709 NE 2nd Ave  
 City Wilton Manors State FL Zip Code 33334-1016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Our Fund, Inc Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt **08 / 04 / 2016**  
**Transaction ID : VNW3HEH18G4**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**C. Kamio, Mariko, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Elmwood Ave  
 City Cambridge State MA Zip Code 02138-4740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Real estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 5000.00

Date of Receipt **08 / 04 / 2016**  
**Transaction ID : VNW3HEH1CHO**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<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 40 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Kaufman, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 Coolidge St  
 City Brookline State MA Zip Code 02446-5859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Susan L Kaufman, Consulting Occupation (for Individual) Management consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 09 / 2016**  
**Transaction ID : VNW3HEHE8P2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**B. Kight, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1629 L St NE Unit 303  
 City Washington State DC Zip Code 20002-3055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LPAC Occupation (for Individual) special ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.01

Date of Receipt **07 / 12 / 2016**  
**Transaction ID : VNW3HEFYN41**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Non contribution account

**C. King, Billie Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Rickland Dr  
 City Randolph State NJ Zip Code 07869-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) World Team Tennis Occupation (for Individual) Tennis Promoter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 55000.00

Date of Receipt **08 / 19 / 2016**  
**Transaction ID : VNW3HEQTNJ6**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50350.00
<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 41 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Kubesch, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1556 NE 37th St  
 City Oakland Park State FL Zip Code 33334-4623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Film Maker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **08 / 03 / 2016**  
**Transaction ID : VNW3HEGZYN5**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non contribution account

**B. Lanser, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Kirkland St  
 City Cambridge State MA Zip Code 02138-2039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brandeis University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : VNW3HESQZW7**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non contribution account

**C. Layng, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 248 Cortez Rd  
 City West Palm Beach State FL Zip Code 33405-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLJ Associates Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt **07 / 21 / 2016**  
**Transaction ID : VNW3HEG8DP5**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3300.00
<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 42 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Layng, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 248 Cortez Rd  
 City West Palm Beach State FL Zip Code 33405-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLJ Associates Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt **07 / 30 / 2016**  
**Transaction ID : VNW3HEGQZE8**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**B. Lefkovitz, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 Brookline St  
 City Chestnut Hill State MA Zip Code 02467-3059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeastern Occupation (for Individual) professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : VNW3HESS8S1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**C. Mandel, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Nordic Trl Asheville  
 City Asheville State NC Zip Code 28804-1970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt **07 / 23 / 2016**  
**Transaction ID : VNW3HEGBCX1**  
 Amount of Each Receipt this Period 8000.00  
 Memo Item  
 Non contribution account

**SUBTOTAL** of Receipts This Page (optional).....▶ 9250.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Nicastro, Laurent, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 04 / 2016
Mailing Address 848 Crepe Myrtle Cir		<b>Transaction ID : VNW3HEH0GE7</b>
City Apopka	State FL	Zip Code 32712-2655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Society Shopping, LLC	Occupation (for Individual) Sec/Treas	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	<input type="checkbox"/> Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Peterpaul, Luanne, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2016
Mailing Address 15 Rivergate Way		<b>Transaction ID : VNW3HES42B2</b>
City Long Branch	State NJ	Zip Code 07740-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Peternal Law, LLP	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	<input type="checkbox"/> Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Peterpaul, Luanne, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2016
Mailing Address 15 Rivergate Way		<b>Transaction ID : VNW3HES42E6</b>
City Long Branch	State NJ	Zip Code 07740-7800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Peternal Law, LLP	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	<input type="checkbox"/> Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 44 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Pile, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16407 John Rowland Trl  
 City Milton State DE Zip Code 19968-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Promontory Interfinancial Network Occupation (for Individual) Chief Risk Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt **07 / 07 / 2016**  
**Transaction ID : VNW3HEFQVP0**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item  
 Non contribution account

**B. Reverby, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 238 Pearl St  
 City Cambridge State MA Zip Code 02139-4513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellesley College Occupation (for Individual) college professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : VNW3HESS4C0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Occupation (for Individual) media consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 70000.00

Date of Receipt **07 / 18 / 2016**  
**Transaction ID : VNW3HEG4W52**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22950.00
<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 45 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Rossett, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3683 Albatross St  
 City San Diego State CA Zip Code 92103-3923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allison Rossett & Associates Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2016  
**Transaction ID : VNW3HES9QJ3**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**B. Schaffer, Nan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2414 Tracy PI NW  
 City Washington State DC Zip Code 20008-1627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Conservationist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : VNW3HET7500**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non contribution account

**C. Schmidt, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 845 Michigan Ave  
 City Wilmette State IL Zip Code 60091-1931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : VNW3HESR0Z4**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55250.00  
**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 46 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Scott, Tuti, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 534  
 City Gloucester State MA Zip Code 01931-0534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : VNW3HESS8W5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**B. Sparks, A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Collingwood St  
 City San Francisco State CA Zip Code 94114-1907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Masto Foundation Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 03 / 2016**  
**Transaction ID : VNW3HEGYWN3**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**C. Stier, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 252 10th St NE  
 City Washington State DC Zip Code 20002-6214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HHS/Administration for Children&Famili Occupation (for Individual) Senior Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 11 / 2016**  
**Transaction ID : VNW3HEFWHA2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 47 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Sweeney, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Hiram Sq  
 City New Brunswick State NJ Zip Code 08901-1270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Stanley Occupation (for Individual) Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 29 / 2016**  
**Transaction ID : VNW3HESVPJ2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

**B. Taft, Deb, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 S Huntington Ave  
 City Boston State MA Zip Code 02130-4823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) lowis lindower searches Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 30 / 2016**  
**Transaction ID : VNW3HEGQZ49**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non contribution account

**C. Teodosio, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Pearl St  
 City Provincetown State MA Zip Code 02657-1503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) entrepreneur  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2016**  
**Transaction ID : VNW3HEGQYN2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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 48 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. Troyan, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 Commercial St  
 City Provincetown State MA Zip Code 02657-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 04 / 2016**  
**Transaction ID : VNW3HEH18J0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non contribution account

**B. Troyan, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 Commercial St  
 City Provincetown State MA Zip Code 02657-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 04 / 2016**  
**Transaction ID : VNW3HEH1CJ8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non contribution account

**C. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Vaid Group LLC Occupation (for Individual) Attorney/Writer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5150.00

Date of Receipt **07 / 30 / 2016**  
**Transaction ID : VNW3HEGQZG4**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non contribution account

<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 49 OF 112
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wallace, Meg, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 30 / 2016</b>
Mailing Address 13 Calebs Ln		<b>Transaction ID : VNW3HEGQZ25</b>
City Rockport	State MA	Zip Code 01966-1703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer (for Individual) UpHams Health Center	Occupation (for Individual) NP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	<input type="checkbox"/> Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wright, Robin, , ,</b>		Date of Receipt MM / DD / YYYY <b>09 / 05 / 2016</b>
Mailing Address 633 Commercial St Apt 4		<b>Transaction ID : VNW3HERJM93</b>
City Provincetown	State MA	Zip Code 02657-1731
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer (for Individual) Genband	Occupation (for Individual) telecom executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	<input type="checkbox"/> Non contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>249375.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. First Data - Merchant Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit card processing fee

Candidate Name

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

State: District:

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499T87Y!

Amount of Each Disbursement this Period: 115.69

Memo Item

**B. First Data - Merchant Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit card processing fee

Candidate Name

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

State: District:

Date of Disbursement: 09 / 02 / 2016

FEC Identification Number: C

Transaction ID : VNV499TNFP

Amount of Each Disbursement this Period: 44.76

Memo Item

**C. First Data - Merchant Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit card processing fee

Candidate Name

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

State: District:

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C

Transaction ID : VNV499TP4S

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 185.45

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Goldsmith, Diane, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 73 Shore Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T7XV</b> Amount of Each Disbursement this Period 586.36	
City Westerly	State RI	Zip Code 02891-4203	Category/Type 001
Purpose of Disbursement Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 201 I St NE		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T7XW</b> Amount of Each Disbursement this Period 299.20	
City Washington	State DC	Zip Code 20002-4449	Category/Type
Purpose of Disbursement Train travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Renaissance New York Midtown Hotel</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 218 W 35th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T7XY</b> Amount of Each Disbursement this Period 287.16	
City New York	State NY	Zip Code 10001-2562	Category/Type
Purpose of Disbursement Lodging		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input checked="" type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	586.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. 21b is checked.

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)
L PAC

Form A: Harmon, Curran, Spielberg & Eisenberg, LLC
Mailing Address: 1726 M St NW Ste 600, Washington DC, Zip Code 20036-4523
Purpose of Disbursement: Legal services
Candidate Name:
Office Sought: House
Disbursement For: Primary
Amount of Each Disbursement this Period: 290.70

Form B:
Mailing Address:
City:
State:
Zip Code:
Purpose of Disbursement:
Candidate Name:
Office Sought:
Disbursement For:
Amount of Each Disbursement this Period:

Form C:
Mailing Address:
City:
State:
Zip Code:
Purpose of Disbursement:
Candidate Name:
Office Sought:
Disbursement For:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional)..... 290.70
TOTAL This Period (last page this line number only)..... 1062.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/Type

Transaction ID : **VNW3HEM3Z**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

20.16
-------

State: MN District: 02

Earmarked by Donna Johnson

Memo Item

**B. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/Type

Transaction ID : **VNW3HEM3Z**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

72.00
-------

State: MN District: 02

Earmarked by Ellen Sturtz

Memo Item

**C. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/Type

Transaction ID : **VNW3HEP4J**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

20.16
-------

State: MN District: 02

Earmarked by Sheryl Teslow

Memo Item

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

112.32
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/  
Type

**Transaction ID : VNW3HEP4K**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

20.16
-------

State: MN District: 02

Earmarked by Lynne Eggers

Memo Item

**B. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
08		23		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/  
Type

**Transaction ID : VNW3HEQSZ**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

20.16
-------

State: MN District: 02

Earmarked by Paula Collins

Memo Item

**C. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/  
Type

**Transaction ID : VNW3HES0C**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

2700.00
---------

State: MN District: 02

Earmarked by Laura Ricketts

Memo Item

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

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

2740.32
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ANGIE CRAIG FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 22116		FEC Identification Number C00575209 <b>Transaction ID : VNW3HES2Z</b>
City Eagan	State MN	Zip Code 55122-0116
Purpose of Disbursement Conduit Contribution		Amount of Each Disbursement this Period 20.16
Candidate Name <b>CRAIG, ANGELA DAWN, , ,</b>		Earmarked by Mary Gillespie
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. ANGIE CRAIG FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 22116		FEC Identification Number C00575209 <b>Transaction ID : VNW3HES2Z</b>
City Eagan	State MN	Zip Code 55122-0116
Purpose of Disbursement Conduit Contribution		Amount of Each Disbursement this Period 100.00
Candidate Name <b>CRAIG, ANGELA DAWN, , ,</b>		Earmarked by Linda C Joplin
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: MN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. ANGIE CRAIG FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 22116		FEC Identification Number C00575209 <b>Transaction ID : VNW3HES30</b>
City Eagan	State MN	Zip Code 55122-0116
Purpose of Disbursement Conduit Contribution		Amount of Each Disbursement this Period 100.00
Candidate Name <b>CRAIG, ANGELA DAWN, , ,</b>		Earmarked by Linda Serafini
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	220.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/Type

Transaction ID : **VNW3HES3V**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MN District: 02

100.00
Earmarked by Jeanne Leszczynski
<input type="checkbox"/> Memo Item

**B. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/Type

Transaction ID : **VNW3HES3W**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MN District: 02

20.16
Earmarked by Shelley Hyde
<input type="checkbox"/> Memo Item

**C. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/Type

Transaction ID : **VNV499TP4N**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MN District: 02

2500.00
<input type="checkbox"/> Memo Item

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

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

2620.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. ANGIE CRAIG FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 22116

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

City Eagan State MN Zip Code 55122-0116

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00575209
---	-----------

Candidate Name  
**CRAIG, ANGELA DAWN, , ,**

Category/  
Type

**Transaction ID : VNW3HETD5**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2000.00
---------

State: MN District: 02

Earmarked by Alix L Ritchie

Memo Item

**B. CAIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1523

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

City Bangor State ME Zip Code 04402-1523

FEC Identification Number

Purpose of Disbursement  
Conduit Contribution

C	C00546077
---	-----------

Candidate Name  
**CAIN, EMILY, , ,**

Category/  
Type

**Transaction ID : VNW3HETD5I**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

2000.00
---------

State: ME District: 02

Earmarked by Alix L Ritchie

Memo Item

**C. CAIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 1523

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City Bangor State ME Zip Code 04402-1523

FEC Identification Number

Purpose of Disbursement  
Contribution

C	C00546077
---	-----------

Candidate Name  
**CAIN, EMILY, , ,**

Category/  
Type

**Transaction ID : VNV499TP4F**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2000.00
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State: ME District: 02

Memo Item

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

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

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. CATHERINE CORTEZ MASTO FOR SENATE**

Full Name (Last, First, Middle Initial)  
Catherine Cortez Masto

Date of Disbursement: 09 / 21 / 2016

Mailing Address: 8020 S Rainbow Blvd # 100-112

City: Las Vegas, State: NV, Zip Code: 89139-6483

Purpose of Disbursement: Conduit Contribution

Candidate Name: MASTO, CATHERINE CORTEZ, , ,

Office Sought:  Senate, Disbursement For: 2016,  Primary,  General

State: NV, District: 00

FEC Identification Number: C00575548  
Transaction ID: VNW3HETD5  
Amount of Each Disbursement this Period: 2500.00  
Earmarked by: Alix L Ritchie  
 Memo Item

**B. CATHERINE CORTEZ MASTO FOR SENATE**

Full Name (Last, First, Middle Initial)  
Catherine Cortez Masto

Date of Disbursement: 09 / 29 / 2016

Mailing Address: 8020 S Rainbow Blvd # 100-112

City: Las Vegas, State: NV, Zip Code: 89139-6483

Purpose of Disbursement: Contribution

Candidate Name: MASTO, CATHERINE CORTEZ, , ,

Office Sought:  Senate, Disbursement For: 2016,  Primary,  General

State: NV, District: 00

FEC Identification Number: C00575548  
Transaction ID: VNV499TP4P  
Amount of Each Disbursement this Period: 2500.00  
 Memo Item

**C. DEBORAH ROSS FOR SENATE**

Full Name (Last, First, Middle Initial)  
Deborah Ross

Date of Disbursement: 09 / 21 / 2016

Mailing Address: PO Box 28258

City: Raleigh, State: NC, Zip Code: 27611-8258

Purpose of Disbursement: Conduit Contribution

Candidate Name: ROSS, DEBORAH K, , ,

Office Sought:  Senate, Disbursement For: 2016,  Primary,  General

State: NC, District: 00

FEC Identification Number: C00589820  
Transaction ID: VNW3HETD5  
Amount of Each Disbursement this Period: 2500.00  
Earmarked by: Alix L Ritchie  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... 2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DENISE JUNEAU FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016
Mailing Address PO Box 563		FEC Identification Number C00591289 <b>Transaction ID : VNV499TNFC</b> Amount of Each Disbursement this Period 2500.00
City Helena	State MT	Zip Code 59624-0563
Purpose of Disbursement Contribution		Category/Type
Candidate Name <b>JUNEAU, DENISE, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District: 01	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. DENISE JUNEAU FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address PO Box 563		FEC Identification Number C00591289 <b>Transaction ID : VNW3HETD5I</b> Amount of Each Disbursement this Period 2000.00 Earmarked by Alix L Ritchie
City Helena	State MT	Zip Code 59624-0563
Purpose of Disbursement Conduit Contribution		Category/Type
Candidate Name <b>JUNEAU, DENISE, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District: 01	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. DENISE JUNEAU FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address PO Box 563		FEC Identification Number C00591289 <b>Transaction ID : VNW3HESTM</b> Amount of Each Disbursement this Period 2700.00 Earmarked by Laura Ricketts
City Helena	State MT	Zip Code 59624-0563
Purpose of Disbursement Conduit Contribution		Category/Type
Candidate Name <b>JUNEAU, DENISE, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District: 01	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Friends of Patrick Murphy**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4521 Pga Blvd  
# 412

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

City  
Palm Beach Gardens

State  
FL

Zip Code  
33418-3997

FEC Identification Number

Purpose of Disbursement  
Contribution

C
---

Candidate Name

**Transaction ID : VNV499TNGP**  
Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2500.00
---------

State: District:

Memo Item

**B. Friends of Patrick Murphy**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 4521 Pga Blvd  
# 412

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City  
Palm Beach Gardens

State  
FL

Zip Code  
33418-3997

FEC Identification Number

Purpose of Disbursement  
Contribution

C
---

Candidate Name

**Transaction ID : VNV499TNGP**  
Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2500.00
---------

State: District:

Memo Item

**C. GREGORY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 478

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City  
Amityville

State  
NY

Zip Code  
11701-0478

FEC Identification Number

Purpose of Disbursement  
Contribution

C C00578260
-------------

Candidate Name  
**GREGORY, DUWAYNE, , ,**

**Transaction ID : VNV499TNF)**  
Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2000.00
---------

State: NY District: 02

Memo Item

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

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

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. HILLARY ACTION FUND</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016
Mailing Address PO Box 5256		FEC Identification Number C 000619411 <b>Transaction ID : VNV499T7XZ</b>
City New York	State NY	Zip Code 10185-5256
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>HILLARY ACTION FUND</b>		Amount of Each Disbursement this Period 10000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hillary for America</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 5256		FEC Identification Number C 000575795 <b>Transaction ID : VNW3HESM1</b>
City New York	State NY	Zip Code 10185-5256
Purpose of Disbursement Conduit Contribution		Category/Type
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>		Amount of Each Disbursement this Period 20.16 Earmarked by Kate Kight
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 00		

Full Name (Last, First, Middle Initial) <b>C. Hillary for America</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 5256		FEC Identification Number C 000575795 <b>Transaction ID : VNW3HESM1</b>
City New York	State NY	Zip Code 10185-5256
Purpose of Disbursement Conduit Contribution		Category/Type
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>		Amount of Each Disbursement this Period 20.16 Earmarked by Elizabeth Shipp
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 00		

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

10040.32

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hillary for America</b>			Date of Disbursement MM / DD / YYYY 09 / 29 / 2016	
Mailing Address PO Box 5256			FEC Identification Number C00575795 <b>Transaction ID : VNW3HESN0</b>	
City New York	State NY	Zip Code 10185-5256	Amount of Each Disbursement this Period 20.16	
Purpose of Disbursement Conduit Contribution			Earmarked by Beverly York	
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>			Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 00			

Full Name (Last, First, Middle Initial) <b>B. Hillary for America</b>			Date of Disbursement MM / DD / YYYY 09 / 29 / 2016	
Mailing Address PO Box 5256			FEC Identification Number C00575795 <b>Transaction ID : VNW3HESNG</b>	
City New York	State NY	Zip Code 10185-5256	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Christine Stanley	
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>			Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 00			

Full Name (Last, First, Middle Initial) <b>C. Hillary for America</b>			Date of Disbursement MM / DD / YYYY 09 / 29 / 2016	
Mailing Address PO Box 5256			FEC Identification Number C00575795 <b>Transaction ID : VNW3HESN0</b>	
City New York	State NY	Zip Code 10185-5256	Amount of Each Disbursement this Period 20.16	
Purpose of Disbursement Conduit Contribution			Earmarked by Beverly York	
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>			Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	140.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hillary for America</b>			Date of Disbursement MM / DD / YYYY 09 / 28 / 2016	
Mailing Address PO Box 5256			FEC Identification Number C00575795 <b>Transaction ID : VNW3HETD5</b>	
City New York	State NY	Zip Code 10185-5256	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Susan Ware	
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>			Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 00			

Full Name (Last, First, Middle Initial) <b>B. Hillary for America</b>			Date of Disbursement MM / DD / YYYY 09 / 29 / 2016	
Mailing Address PO Box 5256			FEC Identification Number C00575795 <b>Transaction ID : VNW3HESSK</b>	
City New York	State NY	Zip Code 10185-5256	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Stan J Sloan	
Candidate Name <b>CLINTON, HILLARY RODHAM, , ,</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NY	District: 00			

Full Name (Last, First, Middle Initial) <b>C. KAMALA HARRIS FOR SENATE</b>			Date of Disbursement MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 777 S Figueroa St Ste 4050			FEC Identification Number C00571919 <b>Transaction ID : VNW3HEG8N</b>	
City Los Angeles	State CA	Zip Code 90017-5864	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Conduit Contribution			Earmarked by Susan Atkins	
Candidate Name <b>HARRIS, KAMALA D, , ,</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: CA	District: 00			

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

1050.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. KAMALA HARRIS FOR SENATE**

Full Name (Last, First, Middle Initial)  
KAMALA HARRIS FOR SENATE

Date of Disbursement  
MM / DD / YYYY  
09 / 21 / 2016

Mailing Address 777 S Figueroa St  
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement  
Conduit Contribution

FEC Identification Number  
C00571919  
Transaction ID : VNW3HETD5

Candidate Name  
HARRIS, KAMALA D, , ,

Amount of Each Disbursement this Period  
1000.00

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 00

Earmarked by Alix L Ritchie

Memo Item

**B. KAMALA HARRIS FOR SENATE**

Full Name (Last, First, Middle Initial)  
KAMALA HARRIS FOR SENATE

Date of Disbursement  
MM / DD / YYYY  
09 / 29 / 2016

Mailing Address 777 S Figueroa St  
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement  
Contribution

FEC Identification Number  
C00571919  
Transaction ID : VNV499TNG2

Candidate Name  
HARRIS, KAMALA D, , ,

Amount of Each Disbursement this Period  
2500.00

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 00

Memo Item

**C. KATIE MCGINTY FOR SENATE**

Full Name (Last, First, Middle Initial)  
KATIE MCGINTY FOR SENATE

Date of Disbursement  
MM / DD / YYYY  
09 / 21 / 2016

Mailing Address PO Box 22447

City Philadelphia State PA Zip Code 19110-2447

Purpose of Disbursement  
Conduit Contribution

FEC Identification Number  
C00582809  
Transaction ID : VNW3HETD5

Candidate Name  
MCGINTY, KATHLEEN ALANA, , ,

Amount of Each Disbursement this Period  
2500.00

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 00

Earmarked by Alix L Ritchie

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. KIRKPATRICK FOR ARIZONA</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address PO Box 12011		FEC Identification Number C 000437293 <b>Transaction ID : VNW3HETD5</b> Amount of Each Disbursement this Period 2000.00 Earmarked by Alix L Ritchie
City Casa Grande	State AZ	Zip Code 85130-0549
Purpose of Disbursement Conduit Contribution		Category/Type
Candidate Name <b>KIRKPATRICK, ANN, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 01	

Full Name (Last, First, Middle Initial) <b>B. KIRKPATRICK FOR ARIZONA</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 12011		FEC Identification Number C 000437293 <b>Transaction ID : VNV499TNG6</b> Amount of Each Disbursement this Period 2500.00
City Casa Grande	State AZ	Zip Code 85130-0549
Purpose of Disbursement Contribution		Category/Type
Candidate Name <b>KIRKPATRICK, ANN, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 01	

Full Name (Last, First, Middle Initial) <b>C. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2016
Mailing Address PO Box 298		FEC Identification Number C 000588772 <b>Transaction ID : VNW3HERX6</b> Amount of Each Disbursement this Period 2700.00 Earmarked by Laura Ricketts
City Concord	State NH	Zip Code 03302-0298
Purpose of Disbursement Conduit Contribution		Category/Type
Candidate Name <b>HASSAN, MARGARET WOOD, , ,</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 00	

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

5200.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address PO Box 298		FEC Identification Number C00588772 <b>Transaction ID : VNW3HETD5</b> Amount of Each Disbursement this Period 2500.00 Earmarked by Alix L Ritchie
City Concord	State NH	Zip Code 03302-0298
Purpose of Disbursement Conduit Contribution		Category/ Type
Candidate Name <b>HASSAN, MARGARET WOOD, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 00	

Full Name (Last, First, Middle Initial) <b>B. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address PO Box 298		FEC Identification Number C00588772 <b>Transaction ID : VNV499TNGA</b> Amount of Each Disbursement this Period 2500.00
City Concord	State NH	Zip Code 03302-0298
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>HASSAN, MARGARET WOOD, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NH	District: 00	

Full Name (Last, First, Middle Initial) <b>C. MAGGIE FOR NH</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address PO Box 298		FEC Identification Number C00588772 <b>Transaction ID : VNW3HESX5</b> Amount of Each Disbursement this Period 2700.00 Earmarked by Laura Ricketts
City Concord	State NH	Zip Code 03302-0298
Purpose of Disbursement Conduit Contribution		Category/ Type
Candidate Name <b>HASSAN, MARGARET WOOD, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 00	

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

5200.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. MCEACHIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 8092

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City Richmond State VA Zip Code 23223-0092

FEC Identification Number

Purpose of Disbursement Contribution

C	C00610964
---	-----------

Candidate Name  
**MCEACHIN, ASTON DONALD MR., , ,**

Category/Type

**Transaction ID : VNV499TNGE**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2000.00
---------

State: VA District: 04

Memo Item

**B. RUSS FOR WISCONSIN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 620061

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

City Middleton State WI Zip Code 53562-0061

FEC Identification Number

Purpose of Disbursement Conduit Contribution

C	C00578013
---	-----------

Candidate Name  
**FEINGOLD, RUSSELL DANA, , ,**

Category/Type

**Transaction ID : VNW3HETD5.**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

1000.00
---------

State: WI District: 00

Earmarked by Alix L Ritchie

Memo Item

**C. RUSS FOR WISCONSIN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 620061

M M M	/	D D D	/	Y Y Y Y Y
09		29		2016

City Middleton State WI Zip Code 53562-0061

FEC Identification Number

Purpose of Disbursement Contribution

C	C00578013
---	-----------

Candidate Name  
**FEINGOLD, RUSSELL DANA, , ,**

Category/Type

**Transaction ID : VNV499TP4N**  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

2500.00
---------

State: WI District: 00

Non-Contribution Account

Memo Item

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

4500.00
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**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. TAMMY FOR ILLINOIS</b>		Date of Disbursement M M M / D D D / Y Y Y Y Y 09 / 21 / 2016	
Mailing Address PO Box 10793			
City Chicago	State IL	Zip Code 60610-0793	
Purpose of Disbursement Conduit Contribution		FEC Identification Number C C00574889 <b>Transaction ID : VNW3HETD5</b> Amount of Each Disbursement this Period 2000.00 Earmarked by Alix L Ritchie	
Candidate Name <b>DUCKWORTH, L TAMMY, , ,</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 00	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. VAL DEMINGS FOR CONGRESS</b>		Date of Disbursement M M M / D D D / Y Y Y Y Y 09 / 21 / 2016	
Mailing Address PO Box 536926			
City Orlando	State FL	Zip Code 32853-6926	
Purpose of Disbursement Conduit Contribution		FEC Identification Number C C00590489 <b>Transaction ID : VNW3HETD5</b> Amount of Each Disbursement this Period 2000.00 Earmarked by Alix L Ritchie	
Candidate Name <b>DEMINGS, VALDEZ 'VAL', , ,</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 10	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. VAL DEMINGS FOR CONGRESS</b>		Date of Disbursement M M M / D D D / Y Y Y Y Y 09 / 29 / 2016	
Mailing Address PO Box 536926			
City Orlando	State FL	Zip Code 32853-6926	
Purpose of Disbursement Contribution		FEC Identification Number C C00590489 <b>Transaction ID : VNV499TP4C</b> Amount of Each Disbursement this Period 2000.00	
Candidate Name <b>DEMINGS, VALDEZ 'VAL', , ,</b>		Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 10	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	53023.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd # MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN20

Amount of Each Disbursement this Period: 389.40

Memo Item

**B. American Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 Amon Carter Blvd # MD5675

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN21I

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. Amsterdam Hotels**

Full Name (Last, First, Middle Initial)

Mailing Address 226 W 50th St

City New York State NY Zip Code 10019-6702

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499TDGI

Amount of Each Disbursement this Period: 254.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 669.24

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Aureole Restaurant**

Date of Disbursement  
MM / DD / YYYY  
07 / 01 / 2016

Mailing Address 135 W 42nd St

City New York State NY Zip Code 10036-6509

Purpose of Disbursement  
Event space rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C**

**Transaction ID : VNV499T3JV**

Amount of Each Disbursement this Period  
5655.01

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
07 / 05 / 2016

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C**

**Transaction ID : VNV499TAH8**

Amount of Each Disbursement this Period  
40.70

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Authorize.net**

Date of Disbursement  
MM / DD / YYYY  
08 / 02 / 2016

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C**

**Transaction ID : VNV499TCB1**

Amount of Each Disbursement this Period  
40.70

Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5736.41

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Authorize.net**

Date of Disbursement:  /  /

Mailing Address: PO Box 8999

City: San Francisco | State: CA | Zip Code: 94128-8999

Purpose of Disbursement: Credit card processing fee

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : VNV499TN23**  
Amount of Each Disbursement this Period:   
Non-Contribution Account:  Memo Item

Full Name (Last, First, Middle Initial)  
**B. Bank of America**

Date of Disbursement:  /  /

Mailing Address: 700 13th St NW

City: Washington | State: DC | Zip Code: 20005-3950

Purpose of Disbursement: Bank fee

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : VNV499T88V**  
Amount of Each Disbursement this Period:   
Non-Contribution Account:  Memo Item

Full Name (Last, First, Middle Initial)  
**C. Bank of America**

Date of Disbursement:  /  /

Mailing Address: 700 13th St NW

City: Washington | State: DC | Zip Code: 20005-3950

Purpose of Disbursement: Bank fee

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:  \_\_\_\_\_  
**Transaction ID : VNV499TCB1**  
Amount of Each Disbursement this Period:   
Non-Contribution Account:  Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499TDHA

Amount of Each Disbursement this Period: 15.00

Memo Item

**B. Bank of America**

Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW

City Washington State DC Zip Code 20005-3950

Purpose of Disbursement Bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2016

FEC Identification Number: C

Transaction ID : VNV499TDHC

Amount of Each Disbursement this Period: 99.00

Memo Item

**C. BLS Limos**

Full Name (Last, First, Middle Initial)

Mailing Address 2401 M St NW

City Washington State DC Zip Code 20037-1408

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88V

Amount of Each Disbursement this Period: 1919.42

Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2033.42

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. BLS Limos**

Full Name (Last, First, Middle Initial)

Mailing Address 2401 M St NW

City Washington State DC Zip Code 20037-1408

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88X

Amount of Each Disbursement this Period: -138.91

Memo Item

**B. Boston Taxi**

Full Name (Last, First, Middle Initial)

Mailing Address 72 Kilmarnock St

City Boston State MA Zip Code 02215-4822

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88Y

Amount of Each Disbursement this Period: 174.00

Memo Item

**C. Boston Taxi**

Full Name (Last, First, Middle Initial)

Mailing Address 72 Kilmarnock St

City Boston State MA Zip Code 02215-4822

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN28

Amount of Each Disbursement this Period: 42.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 77.71

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BTC Revolutions</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 304 Arlington Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3K2</b> Amount of Each Disbursement this Period [REDACTED] 3139.15
City Brookville	State OH	Zip Code 45309-1323
Purpose of Disbursement Consulting: Social media		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BTC Revolutions</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 304 Arlington Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T7XJ</b> Amount of Each Disbursement this Period [REDACTED] 10000.00
City Brookville	State OH	Zip Code 45309-1323
Purpose of Disbursement Consulting: Fundraising Services		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BTC Revolutions</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 304 Arlington Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCC</b> Amount of Each Disbursement this Period [REDACTED] 5746.22
City Brookville	State OH	Zip Code 45309-1323
Purpose of Disbursement Consulting: Social Media		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 18885.37
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. California Secretary of State**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 11th St  
Rm 495

City Sacramento State CA Zip Code 95814-5701

Purpose of Disbursement Filing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C

Transaction ID : VNV499TESD

Amount of Each Disbursement this Period: 520.00

Memo Item

**B. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 11 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88Z

Amount of Each Disbursement this Period: 777.43

Non-Contribution Account

Memo Item

**C. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 08 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCC:

Amount of Each Disbursement this Period: 777.43

Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2074.86

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN2A

Amount of Each Disbursement this Period: 777.43

Memo Item

**B. Carr Workplace**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Connecticut Ave NW Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2016

FEC Identification Number: C

Transaction ID : VNV499T890E

Amount of Each Disbursement this Period: 2745.01

Memo Item

**C. Carr Workplace**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Connecticut Ave NW Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCC!

Amount of Each Disbursement this Period: 2824.67

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6347.11

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Carr Workplace**

Mailing Address 1101 Connecticut Ave NW  
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement  
Rent

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 02 / 2016

FEC Identification Number

C   
**Transaction ID : VNV499TN2B**  
Amount of Each Disbursement this Period  
 2754.58

Memo Item Non contribution account

Full Name (Last, First, Middle Initial)

**B. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement  
Digital consulting services

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 01 / 2016

FEC Identification Number

C   
**Transaction ID : VNV499T3K4I**  
Amount of Each Disbursement this Period  
 14400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement  
Digital consultant

001  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 09 / 2016

FEC Identification Number

C   
**Transaction ID : VNV499TCCi**  
Amount of Each Disbursement this Period  
 7767.19

Memo Item

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

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

24921.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement Digital consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCC7

Amount of Each Disbursement this Period: 237.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement Digital consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN2D

Amount of Each Disbursement this Period: 415.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Collective Conscience, LLC**

Mailing Address 2112 8th St NW  
Apt 524

City Washington State DC Zip Code 20001-8208

Purpose of Disbursement Digital consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN2E

Amount of Each Disbursement this Period: 6000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6652.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dentegra</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T87R.</b>
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Dental Insurance		Amount of Each Disbursement this Period [REDACTED] 39.95
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Non-Contribution Account
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dentegra</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T87S.</b>
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Dental Insurance		Amount of Each Disbursement this Period [REDACTED] 39.95
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Non-Contribution Account
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dentegra</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCC.</b>
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Dental Insurance		Amount of Each Disbursement this Period [REDACTED] 39.95
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Non-Contribution Account
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 119.85
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dentegra</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address PO Box 1850		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNFD</b>
City Alpharetta	State GA	Zip Code 30023-1850
Purpose of Disbursement Dental Insurance		Amount of Each Disbursement this Period 39.95
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>B. Direct Printing Impressions</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 33 Fairfield Pl		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCCB</b>
City West Caldwell	State NJ	Zip Code 07006-6206
Purpose of Disbursement Printing		Amount of Each Disbursement this Period 420.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>C. Elephant Walk Inn</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address 156 Bradford St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCC1</b>
City Provincetown	State MA	Zip Code 02657-2343
Purpose of Disbursement Lodging		Amount of Each Disbursement this Period 1051.08
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1511.03
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Enterprise Rent a Car**

Full Name (Last, First, Middle Initial)

Mailing Address 801 W Dekalb Pike

City King Of Prussia State PA Zip Code 19406-3172

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499T87T!

Amount of Each Disbursement this Period: 357.39

Memo Item

**B. Enterprise Rent a Car**

Full Name (Last, First, Middle Initial)

Mailing Address 801 W Dekalb Pike

City King Of Prussia State PA Zip Code 19406-3172

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499T87V!

Amount of Each Disbursement this Period: -142.04

Memo Item

**C. Enterprise Rent a Car**

Full Name (Last, First, Middle Initial)

Mailing Address 801 W Dekalb Pike

City King Of Prussia State PA Zip Code 19406-3172

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499TCCI

Amount of Each Disbursement this Period: 213.31

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 428.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent a Car</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 801 W Dekalb Pike		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNFF</b> Amount of Each Disbursement this Period [REDACTED] 110.00 Non contribution account <input type="checkbox"/> Memo Item
City King Of Prussia	State PA	Zip Code 19406-3172
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Evert, Patricia, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 550 W 45th St Apt 704		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3K0:</b> Amount of Each Disbursement this Period [REDACTED] 1637.13 Non contribution account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10036-3786
Purpose of Disbursement Event expense	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Feminist Majority Foundation</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 1600 Wilson Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T87X</b> Amount of Each Disbursement this Period [REDACTED] 2500.00 Non contribution account <input type="checkbox"/> Memo Item
City Arlington	State VA	Zip Code 22209-2511
Purpose of Disbursement Donation	Category/Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 4247.13

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. First Data - Merchant Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 02 / 2016

FEC Identification Number **C**

**Transaction ID : VNV499TNFC**

Amount of Each Disbursement this Period 1145.92

Memo Item

**B. Fredericks, Laura, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 130 Barrow St Apt 215

City New York State NY Zip Code 10014-2857

Purpose of Disbursement Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 28 / 2016

FEC Identification Number **C**

**Transaction ID : VNV499TNG8**

Amount of Each Disbursement this Period 962.50

Memo Item

**C. Google**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Internet

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 06 / 2016

FEC Identification Number **C**

**Transaction ID : VNV499T880**

Amount of Each Disbursement this Period 35.00

Non-Contribution Account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2143.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C <b>Transaction ID : VNV499TCCF</b> Amount of Each Disbursement this Period 35.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C <b>Transaction ID : VNV499TNFR</b> Amount of Each Disbursement this Period 35.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Internet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Grant, Jaime, M, ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 623 Rock Creek Rd NW		FEC Identification Number C <b>Transaction ID : VNV499T3K1</b> Amount of Each Disbursement this Period 9975.00 Memo Item <input type="checkbox"/>
City Washington	State DC	
Zip Code 20010	Purpose of Disbursement Consulting: Fundraising Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10045.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Grant, Jaime, M, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 623 Rock Creek Rd NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCCN</b>
City Washington	State DC	Zip Code 20010
Purpose of Disbursement Consulting: Fundraising Services		Amount of Each Disbursement this Period [REDACTED] 3259.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3JP</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal services		Amount of Each Disbursement this Period [REDACTED] 2707.53
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCCI</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal services		Amount of Each Disbursement this Period [REDACTED] 555.23
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 6521.76
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TD3S</b> Amount of Each Disbursement this Period 872.10
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNFY</b> Amount of Each Disbursement this Period 1745.59
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal services	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hyatt Hotels</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2016
Mailing Address 71 S Wacker Dr FI 12		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T881</b> Amount of Each Disbursement this Period 3875.04 Non contribution account
City Chicago	State IL	Zip Code 60606-4637
Purpose of Disbursement Lodging	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6492.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Hyatt Hotels**

Full Name (Last, First, Middle Initial)

Mailing Address 71 S Wacker Dr  
FI 12

City Chicago State IL Zip Code 60606-4637

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499T882!

Amount of Each Disbursement this Period: 1291.68

Memo Item

**B. Hyatt Hotels**

Full Name (Last, First, Middle Initial)

Mailing Address 71 S Wacker Dr  
FI 12

City Chicago State IL Zip Code 60606-4637

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499TAHA

Amount of Each Disbursement this Period: 429.84

Memo Item

**C. Hyatt Hotels**

Full Name (Last, First, Middle Initial)

Mailing Address 71 S Wacker Dr  
FI 12

City Chicago State IL Zip Code 60606-4637

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499TCCI

Amount of Each Disbursement this Period: 1002.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2724.26

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kaiser HPS</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address 1615 L St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCCF</b> Amount of Each Disbursement this Period 209.66
City Washington	State DC	Zip Code 20036-5610
Purpose of Disbursement Health Insurance		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Kaiser HPS</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 1615 L St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TDHE</b> Amount of Each Disbursement this Period 209.66
City Washington	State DC	Zip Code 20036-5610
Purpose of Disbursement Health Insurance		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Karlsberg, Michele, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 101 Lexington Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T3JZ</b> Amount of Each Disbursement this Period 3000.00
City Staten Island	State NY	Zip Code 10302-2025
Purpose of Disbursement Event marketing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3419.32
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Khoo, Emily, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2016

Mailing Address 405 W 55th St

City New York State NY Zip Code 10019-4402

Purpose of Disbursement: Event expense - design

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : VNV499T3K3

Amount of Each Disbursement this Period: 600.00

Memo Item

**B. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2016

Mailing Address 1629 L St NE Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement: Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : VNV499T3HX

Amount of Each Disbursement this Period: 1278.15

Memo Item

**C. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2016

Mailing Address 1629 L St NE Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement: Reimbursemnt, unitemized

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type: 001

FEC Identification Number: C

Transaction ID : VNV499T3K5

Amount of Each Disbursement this Period: 39.83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1917.98

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499T76Y

Amount of Each Disbursement this Period: 1278.14

Memo Item

**B. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 29 / 2016

FEC Identification Number: C

Transaction ID : VNV499TAHB

Amount of Each Disbursement this Period: 1278.14

Memo Item

**C. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Travel reimbursemnt (all unitemized)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 11 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCCI

Amount of Each Disbursement this Period: 138.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2694.45

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 08 / 15 / 2016

FEC Identification Number **C**  
Transaction ID : VNV499TB92  
Amount of Each Disbursement this Period 1278.14

Memo Item

**B. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 08 / 30 / 2016

FEC Identification Number **C**  
Transaction ID : VNV499TDG8  
Amount of Each Disbursement this Period 1278.14

Memo Item

**C. Kight, Kate, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE  
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Payroll  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 09 / 15 / 2016

FEC Identification Number **C**  
Transaction ID : VNV499TNG  
Amount of Each Disbursement this Period 1278.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3834.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kight, Kate, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1629 L St NE Unit 303				
City Washington		State DC	Zip Code 20002-3055	
Purpose of Disbursement Payroll			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

FEC Identification Number  
  
**Transaction ID : VNV499TNG3**  
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Life in Provincetown, Inc</b>			Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address PO Box 1446				
City Provincetown		State MA	Zip Code 02657-5446	
Purpose of Disbursement Event expense			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

FEC Identification Number  
  
**Transaction ID : VNV499T3JT!**  
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. Mavrikakis, Kathy, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address 228 Aspen St				
City Floral Park		State NY	Zip Code 11001-3636	
Purpose of Disbursement Event expense			<input type="text" value="001"/> Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

FEC Identification Number  
  
**Transaction ID : VNV499T3JW**  
Amount of Each Disbursement this Period

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

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

<input type="text" value="2089.85"/>
<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Mida, Jason, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 526 12th St NE

City Washington State DC Zip Code 20002-6310

Purpose of Disbursement Fundraising consultant

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 13 / 2016

FEC Identification Number **C**

Transaction ID : **VNV499TP4X**

Amount of Each Disbursement this Period 5000.00

Memo Item

**B. Midstate Printing Group LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Bank St Ste 401

City Stamford State CT Zip Code 06901-3074

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 01 / 2016

FEC Identification Number **C**

Transaction ID : **VNV499T3JY1**

Amount of Each Disbursement this Period 4064.00

Memo Item

**C. Mission Control Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 624 Hebron Ave Bldg 200

City Glastonbury State CT Zip Code 06033-2470

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 09 / 2016

FEC Identification Number **C**

Transaction ID : **VNV499TCC'**

Amount of Each Disbursement this Period 4453.40

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13517.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mission Control Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2016
Mailing Address 624 Hebron Ave Bldg 200		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TD3P</b> Amount of Each Disbursement this Period [REDACTED] 800.00
City Glastonbury	State CT	Zip Code 06033-2470
Purpose of Disbursement Printing	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>		Date of Disbursement MM / DD / YYYY 07 / 26 / 2016
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T887E</b> Amount of Each Disbursement this Period [REDACTED] 37.01 Non-Contribution Account
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription	Category/Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TDG!</b> Amount of Each Disbursement this Period [REDACTED] 37.01 Non-Contribution Account
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription	Category/Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 874.02
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. New York Times</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNGC</b> Amount of Each Disbursement this Period 37.01
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>B. NGP VAN</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCCZ</b> Amount of Each Disbursement this Period 150.00
City Washington	State DC	Zip Code 20005-5006
Purpose of Disbursement Software		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCD</b> Amount of Each Disbursement this Period 1050.00
City Washington	State DC	Zip Code 20005-5006
Purpose of Disbursement Software		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1237.01
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C

Transaction ID : VNV499T3JQ

Amount of Each Disbursement this Period: 799.00

Memo Item

**B. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCD2

Amount of Each Disbursement this Period: 1046.00

Memo Item

**C. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : VNV499TNGI

Amount of Each Disbursement this Period: 895.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2740.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016	
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNGE</b> Amount of Each Disbursement this Period 850.00	
City Villa Park	State IL	Zip Code 60181-5502	Category/ Type 001
Purpose of Disbursement Website services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T88A</b> Amount of Each Disbursement this Period 2646.43 Non contribution account	
City Rochester	State NY	Zip Code 14625-2311	Category/ Type 001
Purpose of Disbursement Payroll taxes		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499T88B</b> Amount of Each Disbursement this Period 95.25	
City Rochester	State NY	Zip Code 14625-2311	Category/ Type 001
Purpose of Disbursement Payroll processing fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3591.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement Payroll processing fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 15 / 2016

FEC Identification Number C

Transaction ID : VNV499T76X

Amount of Each Disbursement this Period 114.81

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 15 / 2016

FEC Identification Number C

Transaction ID : VNV499T8894

Amount of Each Disbursement this Period 2646.43

Non contribution account

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 29 / 2016

FEC Identification Number C

Transaction ID : VNV499TAH

Amount of Each Disbursement this Period 2646.44

Non contribution account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5407.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TAHE</b> Amount of Each Disbursement this Period 95.25
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll processing fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TB8Z</b> Amount of Each Disbursement this Period 95.25
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll processing fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TB90</b> Amount of Each Disbursement this Period 2646.44 Non contribution account
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll taxes	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2836.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TDH8</b> Amount of Each Disbursement this Period 2646.42
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll taxes		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TDH9</b> Amount of Each Disbursement this Period 95.25
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll processing fee		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNGI</b> Amount of Each Disbursement this Period 2646.44
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll taxes		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5388.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNGS</b> Amount of Each Disbursement this Period 98.20
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll processing fee		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNGS</b> Amount of Each Disbursement this Period 98.20
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll processing fee		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TNGS</b> Amount of Each Disbursement this Period 2646.44 Non contribution account
City Rochester	State NY	Zip Code 14625-2311
Purpose of Disbursement Payroll taxes		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

2842.84

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 1050 17th St NW Ste 590		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-5592
Purpose of Disbursement Accounting services		Category/Type <b>001</b>
Candidate Name		Transaction ID : <b>VNV499T88C</b> Amount of Each Disbursement this Period 1790.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Practice Makes Progress</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1875 Connecticut Ave NW FI 10		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20009-5728
Purpose of Disbursement Digital strategy consultant		Category/Type <b>001</b>
Candidate Name		Transaction ID : <b>VNV499T3JR</b> Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Practice Makes Progress</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2016
Mailing Address 1875 Connecticut Ave NW FI 10		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20009-5728
Purpose of Disbursement Digital strategy consultant		Category/Type <b>001</b>
Candidate Name		Transaction ID : <b>VNV499TNH</b> Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11790.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Practice Makes Progress**

Full Name (Last, First, Middle Initial)

Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement Digital strategy consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCCN

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Practice Makes Progress**

Full Name (Last, First, Middle Initial)

Mailing Address 1875 Connecticut Ave NW  
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement Digital strategy consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: C

Transaction ID : VNV499TNH0

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C

Transaction ID : VNV499T3HY

Amount of Each Disbursement this Period: 3485.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13485.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Travel Reimbursements see below if itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499T3JN

Amount of Each Disbursement this Period: 412.84

Memo Item

**B. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499T76Zf

Amount of Each Disbursement this Period: 3485.34

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 29 / 2016

FEC Identification Number: C [REDACTED]

Transaction ID : VNV499TAHf

Amount of Each Disbursement this Period: 3485.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7383.51

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016	
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TCC0</b> Amount of Each Disbursement this Period [REDACTED] 302.58	
City Rockville	State MD	Zip Code 20855-2295	Category/ Type 001
Purpose of Disbursement Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016	
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TB91!</b> Amount of Each Disbursement this Period [REDACTED] 3485.33	
City Rockville	State MD	Zip Code 20855-2295	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499TDG;</b> Amount of Each Disbursement this Period [REDACTED] 3485.35	
City Rockville	State MD	Zip Code 20855-2295	Category/ Type 001
Purpose of Disbursement Payroll		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

[REDACTED] 7273.26

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN26

Amount of Each Disbursement this Period: 3485.33

Memo Item

**B. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN24

Amount of Each Disbursement this Period: 3485.33

Memo Item

**C. Shipp, Elizabeth, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd  
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Admin expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : VNV499TN25

Amount of Each Disbursement this Period: 69.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7040.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SkipJack**

Full Name (Last, First, Middle Initial)

Mailing Address 8500 Governors Hill Dr

City Symmes Twp State OH Zip Code 45249-1384

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCD5

Amount of Each Disbursement this Period: 3441.75

Memo Item

**B. Staples Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88E

Amount of Each Disbursement this Period: 24.87

Memo Item

**C. Suburban Station**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 John F Kennedy Blvd

City Philadelphia State PA Zip Code 19103-2804

Purpose of Disbursement Travel and meetings

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88F

Amount of Each Disbursement this Period: 218.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3684.62

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. The Dupont Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1204

Purpose of Disbursement Event space rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 20 / 2016

FEC Identification Number **C**

Transaction ID : **VNV499TP51!**

Amount of Each Disbursement this Period 34892.00

Memo Item

**B. The Smoot Tewes Group**

Full Name (Last, First, Middle Initial)

Mailing Address 818 Connecticut Ave NW Ste 200

City Washington State DC Zip Code 20006-2742

Purpose of Disbursement Communications consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 15 / 2016

FEC Identification Number **C**

Transaction ID : **VNV499T88G!**

Amount of Each Disbursement this Period 2500.00

Memo Item

**C. The Smoot Tewes Group**

Full Name (Last, First, Middle Initial)

Mailing Address 818 Connecticut Ave NW Ste 200

City Washington State DC Zip Code 20006-2742

Purpose of Disbursement Communications consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 12 / 2016

FEC Identification Number **C**

Transaction ID : **VNV499TP52**

Amount of Each Disbursement this Period 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 42392.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. The Smoot Tewes Group**

Full Name (Last, First, Middle Initial)

Mailing Address 818 Connecticut Ave NW  
Ste 200

City Washington State DC Zip Code 20006-2742

Purpose of Disbursement Communications consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 28 / 2016

FEC Identification Number C

Transaction ID : VNV499TP53

Amount of Each Disbursement this Period 2500.00

Memo Item

**B. The Verb Hotel**

Full Name (Last, First, Middle Initial)

Mailing Address 1271 Boylston St

City Boston State MA Zip Code 02215-3410

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 29 / 2016

FEC Identification Number C

Transaction ID : VNV499TP5A

Amount of Each Disbursement this Period 684.42

Memo Item

**C. Tina Podlodowki for Secretary of State**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 20655

City Seattle State WA Zip Code 98102-1655

Purpose of Disbursement Non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 28 / 2016

FEC Identification Number C

Transaction ID : VNV499TP54

Amount of Each Disbursement this Period 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5184.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. VSP**

Full Name (Last, First, Middle Initial)

Mailing Address 3333 Quality Dr

City Rancho Cordova State CA Zip Code 95670-7985

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2016

FEC Identification Number: C

Transaction ID : VNV499T88M

Amount of Each Disbursement this Period: 28.88

Memo Item

**B. VSP**

Full Name (Last, First, Middle Initial)

Mailing Address 3333 Quality Dr

City Rancho Cordova State CA Zip Code 95670-7985

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : VNV499TCDD

Amount of Each Disbursement this Period: 28.88

Memo Item

**C. VSP**

Full Name (Last, First, Middle Initial)

Mailing Address 3333 Quality Dr

City Rancho Cordova State CA Zip Code 95670-7985

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2016

FEC Identification Number: C

Transaction ID : VNV499TP5C

Amount of Each Disbursement this Period: 28.88

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 86.64

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. W. Douglas Wingo Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 350 7th Ave  
Rm 1603

City New York State NY Zip Code 10001-1934

Purpose of Disbursement Fundraising consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C [REDACTED]  
**Transaction ID : VNV499T3JS**  
Amount of Each Disbursement this Period: 9134.23

Memo Item

**B. W. Douglas Wingo Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 350 7th Ave  
Rm 1603

City New York State NY Zip Code 10001-1934

Purpose of Disbursement Fundraising consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C [REDACTED]  
**Transaction ID : VNV499T88N!**  
Amount of Each Disbursement this Period: 126.89

Memo Item

**C. W. Douglas Wingo Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 350 7th Ave  
Rm 1603

City New York State NY Zip Code 10001-1934

Purpose of Disbursement Fundraising consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 09 / 2016

FEC Identification Number: C [REDACTED]  
**Transaction ID : VNV499TCDI**  
Amount of Each Disbursement this Period: 84.34

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9345.46

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Woo, Jacqueline, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016	
Mailing Address 145 W 11th St		FEC Identification Number C [REDACTED]	
City New York	State NY	Zip Code 10011-8394	Transaction ID : VNV499T7Y1: Amount of Each Disbursement this Period 408.00
Purpose of Disbursement Refund of contribution		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [REDACTED]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [REDACTED]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	408.00
<b>TOTAL</b> This Period (last page this line number only).....▶	265117.91