

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

CAROLYN'S PAC

ADDRESS (number and street) 24 East 93rd Street

Suite 1B

Check if different than previously reported. (ACC) New York NY 10128

2. **FEC IDENTIFICATION NUMBER ▼** C00341990 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
----------------------------------------	---------------------------------------	----------------------------------------

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2018

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

Signature of Treasurer Mendez, Melissa, A., Ms, *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2018

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

**CAROLYN'S PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="60953.55"/>	<input type="text" value="60953.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60953.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="76000.00"/>	<input type="text" value="76000.00"/>
(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="136953.55"/>	<input type="text" value="136953.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60264.63"/>	<input type="text" value="60264.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76688.92"/>	<input type="text" value="76688.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1500.00"/>	
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

CAROLYN'S PAC

Report Covering the Period: From: 01 / 01 / 2018 To: 03 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74500.00	74500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	74500.00	74500.00
(b) Political Party Committees .....	1500.00	1500.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	76000.00	76000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	76000.00	76000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	76000.00	76000.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	30000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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).....	30264.63	30264.63
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)) ..	60264.63	60264.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60264.63	60264.63

**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) .....	76000.00	76000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76000.00	76000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

**A. Barnett, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115-19 Mayfair Road  
 City Richmond Hill State NY Zip Code 11418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Extell Development Company Occupation (for Individual) Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : SA11AI.5189**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

**B. Collins, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 384 New Rochelle Road  
 City Bronxville State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Save the Children Occupation (for Individual) Board Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 16 / 2018**  
**Transaction ID : SA11AI.5190**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

**C. Cronson, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 708 3rd Ave  
 City New York State NY Zip Code 10017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Larkspur Capital Occupation (for Individual) Investment Banker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 01 / 2018**  
**Transaction ID : SA11AI.5196**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 23
	<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)  
**CAROLYN'S PAC**

**A. Devon, Fredericks, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1064 Madison Ave.  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Retail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **01 / 29 / 2018**  
**Transaction ID : SA11AI.5265**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Donation

**B. Devon, Fredericks, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1064 Madison Ave.  
 City New York State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Retail  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 13 / 2018**  
**Transaction ID : SA11AI.5202**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Donation

**C. Farkas, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 717 5th Ave.  
 City New York State NY Zip Code 10103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Island Capital Occupation (for Individual) Chairman & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 06 / 2018**  
**Transaction ID : SA11AI.5198**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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 23
<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)  
**CAROLYN'S PAC**

**A. Foa, Conrad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 911 Park Ave  
 City New York State NY Zip Code 10075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Foa & Son Corporation Occupation (for Individual) Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 07 / 2018**  
**Transaction ID : SA11AI.5200**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

**B. Gund, Agnes, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 765 Park Avenue 14B  
 City New York State NY Zip Code 18918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Art Historian  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 06 / 2018**  
**Transaction ID : SA11AI.5204**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Donation

**C. Hubbard, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 Madison Ave 40th Fl  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center Development Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 12 / 2018**  
**Transaction ID : SA11AI.5205**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<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 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

**A. Hubbard, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 Madison Ave  
 40th Fl  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center Development Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2018  
**Transaction ID : SA11AI.5268**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Donation

**B. Kan, Yue-Sai, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Sutton Sq.  
 City New York State NY Zip Code 10022  
 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2018  
**Transaction ID : SA11AI.5207**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Donation

**C. Klein, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 Madison Ave  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Tower Group Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2018  
**Transaction ID : SA11AI.5269**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 10 OF 23
	<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)  
**CAROLYN'S PAC**

**A. Mayberry, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 West 92nd Street  
 City New York State NY Zip Code 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Core Asset Management Occupation (for Individual) Investment Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2018  
**Transaction ID : SA11AI.5209**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Donation

**B. Nimetz, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1185 Park Ave.  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) General Atlantic Occupation (for Individual) Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 13 / 2018  
**Transaction ID : SA11AI.5211**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

**C. Rosenwald, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 944 Fifth Avenue  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J.P.Morgan Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 16 / 2018  
**Transaction ID : SA11AI.5214**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<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)  
**CAROLYN'S PAC**

**A. Rudin, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 345 Park Ave.  
 City New York State NY Zip Code 10154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rudin Management Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.5215**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Donation

**B. Schwartz, Bernard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 944 Fifth Ave  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BLS Investments, LLC Occupation (for Individual) Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 20 / 2018**  
**Transaction ID : SA11AI.5217**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

**C. Stott, Donald, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1328 Lake Worth Lane  
 City North Palm Beach State FL Zip Code 33408  
 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 ▼ 5000.00

Date of Receipt **03 / 15 / 2018**  
**Transaction ID : SA11AI.5270**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<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 23
<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)  
**CAROLYN'S PAC**

**A. Sym, Marcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Twin Ponds Dr.  
 City Bedford Hills State NY Zip Code 10507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2018  
**Transaction ID : SA11AI.5271**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Donation

**B. Tuchman, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4422 Route 27 PO Box 582  
 City Kingston State NJ Zip Code 08528  
 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 ▼ 5000.00

Date of Receipt 03 / 06 / 2018  
**Transaction ID : SA11AI.5273**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

**C. Weiss, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 Ocean Blvd Addison Bldg. Apt. 1601  
 City South Boca Raton State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Philanthropist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.5218**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

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

Mailing Address 52 East 92nd Street

City New York	State NY	Zip Code 10128
------------------	-------------	-------------------

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

Name of Employer (for Individual) Eli's Manhattan & Vinager Fact	Occupation (for Individual) Owner
---------------------------------------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	16	/	2018

**Transaction ID : SA11AI.5266**

Amount of Each Receipt this Period  
500.00

Memo Item  
Donation

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	74500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE**

Mailing Address 1455 PENNSYLVANIA AVE., NW  
 SUITE 725

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00497917

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2018

**Transaction ID : SA11B.5263**

Amount of Each Receipt this Period  
 1500.00

Memo Item  
 Donation

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

**A. 2018 FRONTLINE WOMEN TAKE BACK THE HOUSE**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
01 / 08 / 2018

Mailing Address 24 EAST 93RD STREET  
APT. 4B

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement Donation  
Category/Type: 011

Candidate Name  
**CAROLYN'S PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

FEC Identification Number  
C00341990  
**Transaction ID : SB23.5256**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**B. BERA FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
01 / 11 / 2018

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement Donation  
Category/Type: 011

Candidate Name  
**CAROLYN'S PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

FEC Identification Number  
C00341990  
**Transaction ID : SB23.5221**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**C. BETTER DAYS FUND**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: MM / DD / YYYY  
03 / 13 / 2018

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Donation  
Category/Type: 011

Candidate Name  
**CAROLYN'S PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

FEC Identification Number  
C00341990  
**Transaction ID : SB23.5274**  
Amount of Each Disbursement this Period  
12000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18000.00

**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)  
**CAROLYN'S PAC**

Full Name (Last, First, Middle Initial) <b>A. CARTWRIGHT FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address PO BOX 414		FEC Identification Number C00341990 <b>Transaction ID : SB23.5235</b>
City SCRANTON	State PA	Zip Code 18501
Purpose of Disbursement Donation	Category/Type 001	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CAROLYN'S PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHARLIE CRIST FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address PO BOX 1547		FEC Identification Number C00341990 <b>Transaction ID : SB23.5237</b>
City ST. PETERSBURG	State FL	Zip Code 33731
Purpose of Disbursement Donation	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CAROLYN'S PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DR. RAUL RUIZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address PO BOX 3433		FEC Identification Number C00341990 <b>Transaction ID : SB23.5251</b>
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement Donation	Category/Type 011	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CAROLYN'S PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<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)  
**CAROLYN'S PAC**

**A. JOSH GOTTHEIMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 584

City RIDGEWOOD State NJ Zip Code 07451

Purpose of Disbursement Donation

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00341990  
**Transaction ID : SB23.5239**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. LOEBSACK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement Donation

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00341990  
**Transaction ID : SB23.5241**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 255

City DULUTH State MN Zip Code 55801

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MN District: 08

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00499053  
**Transaction ID : SB23.5259**

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

**A. SALUD CARBAJAL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1290

City SANTA BARBARA State CA Zip Code 93102

Purpose of Disbursement Donation

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00341990

Transaction ID : **SB23.5223**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. SCHNEIDER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement Donation

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00341990

Transaction ID : **SB23.5253**

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. SCOTT PETERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 22074

City SAN DIEGO State CA Zip Code 92192

Purpose of Disbursement Donation

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C00341990

Transaction ID : **SB23.5249**

Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

Full Name (Last, First, Middle Initial) <b>A. SEAN PATRICK MALONEY FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address PO BOX 270			FEC Identification Number C00341990 <b>Transaction ID : SB23.5243</b>
City NEWBURGH	State NY	Zip Code 12550	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Donation		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>CAROLYN'S PAC</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUOZZI FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address PO BOX 669			FEC Identification Number C00341990 <b>Transaction ID : SB23.5254</b>
City GLEN COVE	State NY	Zip Code 11542	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Donation		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>CAROLYN'S PAC</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. TOM O'HALLERAN FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 01 / 11 / 2018
Mailing Address PO BOX 63992			FEC Identification Number C00341990 <b>Transaction ID : SB23.5244</b>
City PHOENIX	State AZ	Zip Code 85082	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Donation		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>CAROLYN'S PAC</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	30000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

Full Name (Last, First, Middle Initial) <b>A. Civitas</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2018
Mailing Address 1457 Lexington Ave.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5279</b>
City New York	State NY	Zip Code 10128
Purpose of Disbursement Donation	Category/ Type 012	Amount of Each Disbursement this Period 500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Four Freedoms Democratic Club</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2018
Mailing Address		FEC Identification Number C C00341990 <b>Transaction ID : SB29.5281</b>
City	State	Zip Code
Purpose of Disbursement Donation	Category/ Type 012	Amount of Each Disbursement this Period 600.00
Candidate Name <b>CAROLYN'S PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Harlem Strategies</b>		Date of Disbursement MM / DD / YYYY 01 / 01 / 2018
Mailing Address 193 Malcolm X Blvd Suite 1		FEC Identification Number C C00341990 <b>Transaction ID : SB29.5233</b>
City New York	State NY	Zip Code 10026
Purpose of Disbursement NY FR Consultant	Category/ Type 001	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CAROLYN'S PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2100.00
<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)  
**CAROLYN'S PAC**

**A. Harlem Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 193 Malcolm X Blvd  
Suite 1

City New York State NY Zip Code 10026

Purpose of Disbursement NY FR Consultant

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2018

FEC Identification Number: C00341990  
**Transaction ID : SB29.5234**

Amount of Each Disbursement this Period: 7000.00

Memo Item

**B. Harlem Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 193 Malcolm X Blvd  
Suite 1

City New York State NY Zip Code 10026

Purpose of Disbursement NY FR Consultant

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 07 / 2018

FEC Identification Number: C00341990  
**Transaction ID : SB29.5229**

Amount of Each Disbursement this Period: 1484.63

Memo Item

**C. Harlem Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 193 Malcolm X Blvd  
Suite 1

City New York State NY Zip Code 10026

Purpose of Disbursement NY FR Consultant

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C00341990  
**Transaction ID : SB29.5230**

Amount of Each Disbursement this Period: 7000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15484.63

**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)  
**CAROLYN'S PAC**

Full Name (Last, First, Middle Initial) <b>A. Lexington Democratic Club</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2018	
Mailing Address 301 East 79th Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5276</b> Amount of Each Disbursement this Period [REDACTED] 1500.00	
City New York	State NY	Zip Code 10128	Category/Type 012
Purpose of Disbursement Donation		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name _____		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____		
Full Name (Last, First, Middle Initial) <b>B. New York Yatch Club</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 37 West 44th Street		FEC Identification Number C C00341990 <b>Transaction ID : SB29.5231</b> Amount of Each Disbursement this Period [REDACTED] 4374.20	
City New York	State NY	Zip Code 10036	Category/Type 003
Purpose of Disbursement FR Catering Cost		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name <b>CAROLYN'S PAC</b>		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Full Name (Last, First, Middle Initial) <b>C. Silverberg, June, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018	
Mailing Address 9571 SE 43rd Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5278</b> Amount of Each Disbursement this Period [REDACTED] 6608.30	
City Mercer Island	State WA	Zip Code 98040	Category/Type 001
Purpose of Disbursement DC FR Consultant		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name _____		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 12482.50	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[REDACTED] 30067.13	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	FOR LINE NUMBER: (check only one)
<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**CAROLYN'S PAC**

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

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

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

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

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

Outstanding Balance Beginning This Period	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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