

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.
WOMENCOUNT PAC

ADDRESS (number and street)
▼ Check if different than previously reported. (ACC) -

2. **FEC IDENTIFICATION NUMBER** ▼ **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 checked="" 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: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / through / /

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

MASON, STACY, , ,

Type or Print Name of Treasurer

Signature of Treasurer MASON, STACY, , , *[Electronically Filed]* Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMENCOUNT PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="4706.06"/>	<input type="text" value="4706.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9610.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37759.08"/>	<input type="text" value="456004.25"/>
(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="47369.53"/>	<input type="text" value="460710.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32027.13"/>	<input type="text" value="445367.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15342.40"/>	<input type="text" value="15342.40"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="12116.25"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2017

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).....	36498.33	438994.43
(ii) Unitemized	32.00	32.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	36530.33	439026.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	879.00	16551.60
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37409.33	455578.03
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.).....	349.75	426.22
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)).....▶	37759.08	456004.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37759.08	456004.25

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	1308.80	21274.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1308.80	21274.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21975.00	413512.22
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	272.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15.09
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	287.79
29. Other Disbursements (Including Non-Federal Donations).....	8743.33	10293.33
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)) ..	32027.13	445367.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32027.13	445367.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37409.33	455578.03
34. Total Contribution Refunds (from Line 28(d))	0.00	287.79
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37409.33	455290.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1308.80	21274.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1308.80	21274.57

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

UPDATE OTHER FEDERAL RECEIPTS AND EARMARKED CONTRIBUTIONS

Form/Schedule:
Transaction ID:

**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 262
	<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	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14232
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14227
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14228
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14233
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14229
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14231
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14235
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14230
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14236
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

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

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

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

FOR LINE NUMBER: PAGE 10 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KNOPPER, ABBIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1143 GREENWOOD AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14234
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. WINOGRAD, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 ESPLANADA WAY
 City STANFORD State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14222
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. WINOGRAD, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 ESPLANADA WAY
 City STANFORD State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14226
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 2005.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WINOGRAD, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 ESPLANADA WAY
 City STANFORD State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14225
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. WINOGRAD, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 ESPLANADA WAY
 City STANFORD State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14224
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. WINOGRAD, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 746 ESPLANADA WAY
 City STANFORD State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14223
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

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

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

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

FOR LINE NUMBER: PAGE 12 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WYLER, CATHERINE, , ,

Mailing Address 3917 WATSON PL NW

City WASHINGTON State DC Zip Code 20016-5417

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 ▼
 50.00

Date of Receipt
 10 / 01 / 2017
Transaction ID : INCA14246

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: MICHELLE FOR DELEGATE

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

Mailing Address 3917 WATSON PL NW

City WASHINGTON State DC Zip Code 20016-5417

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 ▼
 50.00

Date of Receipt
 10 / 01 / 2017
Transaction ID : INCA14245

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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

Mailing Address 3917 WATSON PL NW

City WASHINGTON State DC Zip Code 20016-5417

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 ▼
 50.00

Date of Receipt
 10 / 01 / 2017
Transaction ID : INCA14244

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: CROWLEYFORVA98TH

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WYLER, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 WATSON PL NW
 City WASHINGTON State DC Zip Code 20016-5417
 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 ▼ 50.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14241
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. WYLER, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 WATSON PL NW
 City WASHINGTON State DC Zip Code 20016-5417
 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 ▼ 50.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14238
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. WYLER, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 WATSON PL NW
 City WASHINGTON State DC Zip Code 20016-5417
 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 ▼ 50.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14240
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 14 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WYLER, CATHERINE, , ,

Mailing Address **3917 WATSON PL NW**

City **WASHINGTON** State **DC** Zip Code **20016-5417**

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 ▼ **50.00**

Date of Receipt
10 / 01 / 2017

Transaction ID : INCA14239

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address **3917 WATSON PL NW**

City **WASHINGTON** State **DC** Zip Code **20016-5417**

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 ▼ **50.00**

Date of Receipt
10 / 01 / 2017

Transaction ID : INCA14243

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address **3917 WATSON PL NW**

City **WASHINGTON** State **DC** Zip Code **20016-5417**

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 ▼ **50.00**

Date of Receipt
10 / 01 / 2017

Transaction ID : INCA14237

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WYLER, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 WATSON PL NW
 City WASHINGTON State DC Zip Code 20016-5417
 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 ▼ 50.00

Date of Receipt 10 / 01 / 2017
Transaction ID : INCA14242
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. SISSON, GRETCHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 STEINER ST
 City SAN FRANCISCO State CA Zip Code 94117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 UCSF SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 02 / 2017
Transaction ID : INCA15057
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. ADDY, MARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6506 SE 89TH AVE
 City PORTLAND State OR Zip Code 97266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 BEAVERTON SCHOOL DISTRICT TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15024
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

SUBTOTAL of Receipts This Page (optional).....▶ 1010.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ADDY, MARCI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6506 SE 89TH AVE

City PORTLAND	State OR	Zip Code 97266
------------------	-------------	-------------------

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

Name of Employer (for Individual) BEAVERTON SCHOOL DISTRICT	Occupation (for Individual) TEACHER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15025

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: SINEMA FOR ARIZONA

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

Mailing Address 6506 SE 89TH AVE

City PORTLAND	State OR	Zip Code 97266
------------------	-------------	-------------------

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

Name of Employer (for Individual) BEAVERTON SCHOOL DISTRICT	Occupation (for Individual) TEACHER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15028

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHRISSE HOULAHAN FOR CONGRESS

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

Mailing Address 6506 SE 89TH AVE

City PORTLAND	State OR	Zip Code 97266
------------------	-------------	-------------------

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

Name of Employer (for Individual) BEAVERTON SCHOOL DISTRICT	Occupation (for Individual) TEACHER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15026

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FINKENAUER FOR CONGRESS

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15025

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ADDY, MARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6506 SE 89TH AVE
 City PORTLAND State OR Zip Code 97266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAVERTON SCHOOL DISTRICT Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15027
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

B. BOOZER-STROTHER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3711 PERRY STREET
 City BRENTWOOD State MD Zip Code 20722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPONSORSHIP SPECIALISTS Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15016
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

C. BOOZER-STROTHER, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3711 PERRY STREET
 City BRENTWOOD State MD Zip Code 20722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPONSORSHIP SPECIALISTS Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15015
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BOOZER-STROTHER, PAMELA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3711 PERRY STREET

City BRENTWOOD	State MD	Zip Code 20722
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SPONSORSHIP SPECIALISTS	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15013

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: SINEMA FOR ARIZONA

B. BOOZER-STROTHER, PAMELA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3711 PERRY STREET

City BRENTWOOD	State MD	Zip Code 20722
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SPONSORSHIP SPECIALISTS	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15014

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FINKENAUER FOR CONGRESS

C. BOOZER-STROTHER, PAMELA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3711 PERRY STREET

City BRENTWOOD	State MD	Zip Code 20722
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SPONSORSHIP SPECIALISTS	Occupation (for Individual) CONSULTANT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15012

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ROSEN FOR NEVADA

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15013

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CERULLO MERRILL, JESSICA, , ,

Mailing Address 6 GREGORY BLVD.

City NORWALK	State CT	Zip Code 6855
-----------------	-------------	------------------

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

Name of Employer (for Individual) MK&A	Occupation (for Individual) SENIOR ASSOCIATE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15034

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ROSEN FOR NEVADA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CERULLO MERRILL, JESSICA, , ,

Mailing Address 6 GREGORY BLVD.

City NORWALK	State CT	Zip Code 6855
-----------------	-------------	------------------

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

Name of Employer (for Individual) MK&A	Occupation (for Individual) SENIOR ASSOCIATE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15035

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: SINEMA FOR ARIZONA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CERULLO MERRILL, JESSICA, , ,

Mailing Address 6 GREGORY BLVD.

City NORWALK	State CT	Zip Code 6855
-----------------	-------------	------------------

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

Name of Employer (for Individual) MK&A	Occupation (for Individual) SENIOR ASSOCIATE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15036

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FINKENAUER FOR CONGRESS

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15035

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 23 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CERULLO MERRILL, JESSICA, , ,

Mailing Address 6 GREGORY BLVD.

City NORWALK	State CT	Zip Code 6855
-----------------	-------------	------------------

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

Name of Employer (for Individual) MK&A	Occupation (for Individual) SENIOR ASSOCIATE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15038

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHRISSY HOULAHAN FOR CONGRESS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CERULLO MERRILL, JESSICA, , ,

Mailing Address 6 GREGORY BLVD.

City NORWALK	State CT	Zip Code 6855
-----------------	-------------	------------------

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

Name of Employer (for Individual) MK&A	Occupation (for Individual) SENIOR ASSOCIATE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15037

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: DR. TRAN FOR CONGRESS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CHEEK, AIMEE LEE, , ,

Mailing Address 6209 ESTELLE ST

City SAN DIEGO	State CA	Zip Code 92115
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
145.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15022

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHRISSY HOULAHAN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 262
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CHEEK, AIMEE LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6209 ESTELLE ST
 City SAN DIEGO State CA Zip Code 92115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15021
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

B. CHEEK, AIMEE LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6209 ESTELLE ST
 City SAN DIEGO State CA Zip Code 92115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15020
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FINKENAUER FOR CONGRESS

C. CHEEK, AIMEE LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6209 ESTELLE ST
 City SAN DIEGO State CA Zip Code 92115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15019
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`#19A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15019

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 26 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CHEEK, AIMEE LEE, , ,

Mailing Address **6209 ESTELLE ST**

City SAN DIEGO	State CA	Zip Code 92115
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
145.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

Transaction ID : INCA15018

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ROSEN FOR NEVADA

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

Mailing Address **871 GRANVILLE AVE #201**

City LOS ANGELES	State CA	Zip Code 90049
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

Transaction ID : INCA15048

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CHRISSY HOULAHAN FOR CONGRESS

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

Mailing Address **871 GRANVILLE AVE #201**

City LOS ANGELES	State CA	Zip Code 90049
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2017

Transaction ID : INCA15046

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FINKENAUER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GLACEL, ASHLEY, , ,

Mailing Address 871 GRANVILLE AVE #201

City LOS ANGELES	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15045

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: SINEMA FOR ARIZONA

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

Mailing Address 871 GRANVILLE AVE #201

City LOS ANGELES	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15047

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: DR. TRAN FOR CONGRESS

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

Mailing Address 871 GRANVILLE AVE #201

City LOS ANGELES	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : INCA15044

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ROSEN FOR NEVADA

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15045

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAYES, KELLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 N PARK AVE
 City INDIANAPOLIS State IN Zip Code 46205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY Occupation (for Individual) COLLEGE PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15043
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

B. HAYES, KELLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 N PARK AVE
 City INDIANAPOLIS State IN Zip Code 46205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY Occupation (for Individual) COLLEGE PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15041
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: FINKENAUER FOR CONGRESS

C. HAYES, KELLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 N PARK AVE
 City INDIANAPOLIS State IN Zip Code 46205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY Occupation (for Individual) COLLEGE PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15040
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15040

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAYES, KELLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 N PARK AVE
 City INDIANAPOLIS State IN Zip Code 46205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY Occupation (for Individual) COLLEGE PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15042
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

B. HAYES, KELLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3640 N PARK AVE
 City INDIANAPOLIS State IN Zip Code 46205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INDIANA UNIVERSITY Occupation (for Individual) COLLEGE PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15039
 Amount of Each Receipt this Period 20.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

C. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15009
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: FINKENAUER FOR CONGRESS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15007
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

B. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15008
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

C. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15011
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15008

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 262
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15010
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

B. MASON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMENCOUNT Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5215.18

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15049
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. MAUNSBACH, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 754 W 51 ST
 City MIAMI BEACH State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15029
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

SUBTOTAL of Receipts This Page (optional).....	1060.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 35 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAUNSBACH, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 754 W 51 ST
 City MIAMI BEACH State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15032
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

B. MAUNSBACH, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 754 W 51 ST
 City MIAMI BEACH State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15030
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

C. MAUNSBACH, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 754 W 51 ST
 City MIAMI BEACH State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15031
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FINKENAUER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA15030

Transferred 10/4/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 262
	<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)
WOMENCOUNT PAC

A. MAUNSBACH, KAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 754 W 51 ST
 City MIAMI BEACH State FL Zip Code 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15033
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

B. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15055
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: ROBIN KELLY FOR CONGRESS

C. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15056
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15054
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: DEBBIE DINGELL FOR CONGRESS

B. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15053
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

C. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15052
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: MALONEY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 262
	<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)
WOMENCOUNT PAC

A. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15051
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

B. SINZDAK, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2925 24TH AVE W
 City SEATTLE State WA Zip Code 98199
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RUTGERS UNIVERSITY Occupation (for Individual) ASSOCIATE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2017
Transaction ID : INCA15050
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: FRIENDS OF ELIZABETH ESTY

C. CERULLO, STUART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 COURT STREET, UNIT 15
 City PLYMOUTH State MA Zip Code 02360-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E-MANAGEMENT SOLUTIONS, LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA14995
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FINKENAUER FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....	105.00
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 40 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CERULLO, STUART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 COURT STREET, UNIT 15
 City PLYMOUTH State MA Zip Code 02360-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E-MANAGEMENT SOLUTIONS, LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA14997
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHRISSY HOULAHAN FOR CONGRESS

B. CERULLO, STUART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 COURT STREET, UNIT 15
 City PLYMOUTH State MA Zip Code 02360-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E-MANAGEMENT SOLUTIONS, LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA14994
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

C. CERULLO, STUART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 COURT STREET, UNIT 15
 City PLYMOUTH State MA Zip Code 02360-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) E-MANAGEMENT SOLUTIONS, LLC Occupation (for Individual) PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA14993
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA14994

Transferred 10/11/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 262
	<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)
WOMENCOUNT PAC

A. CERULLO, STUART, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 COURT STREET, UNIT 15
 City PLYMOUTH State MA Zip Code 02360-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 E-MANAGEMENT SOLUTIONS, LLC PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA14996
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: DR. TRAN FOR CONGRESS

B. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED, SAME NAME SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15000
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

C. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED, SAME NAME SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15006
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 43 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15005
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

B. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15004
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ROBIN KELLY FOR CONGRESS

C. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15001
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MALONEY FOR CONGRESS

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15003
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: DEBBIE DINGELL FOR CONGRESS

B. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA15002
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

C. DAWGERT, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 WOODLAND WAY
 City CLARKS SUMMIT State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) SOCIAL WORK
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 04 / 2017
Transaction ID : INCA14999
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF ELIZABETH ESTY

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 45 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FULLERTON STONE, HONOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 SANTA RITA
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3020.00

Date of Receipt 10 / 05 / 2017
Transaction ID : INCA14992
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. WEXLER, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1078 FOREST AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 9300.00

Date of Receipt 10 / 06 / 2017
Transaction ID : INCA14991
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. LEAVENS, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2729 FILBERT ST
 City SAN FRANCISCO State CA Zip Code 94123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2017
Transaction ID : INCA14990
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AMUNDSEN, NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 CERVANTES ROAD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PSYCHOTHERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14989
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. BANCHE, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 CRESTWOOD DR
 City FRAMINGHAM State MA Zip Code 01701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 6.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14987
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14958
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 2005.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FEDER, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CENTRAL PARK WEST
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14972
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

B. FEDER, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CENTRAL PARK WEST
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14973
 Amount of Each Receipt this Period 50.00
 Memo Item

C. FEDER, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CENTRAL PARK WEST
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14971
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA14971

Transferred 10/11/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 49 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14976
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

B. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14975
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14974
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARTIN, PATRICIA, , ,

Mailing Address 8100 CONNECTICUT AVE, APT 722

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : INCA14977

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: SINEMA FOR ARIZONA

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

Mailing Address 8100 CONNECTICUT AVE, APT 722

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : INCA14978

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ROSEN FOR NEVADA

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

Mailing Address 8100 CONNECTICUT AVE, APT 722

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : INCA14979

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA14977

Transferred 10/11/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 52 OF 262
	<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)
WOMENCOUNT PAC

A. MARTIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 CONNECTICUT AVE, APT 722

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2017

Transaction ID : INCA14981

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HEIDI FOR SENATE

B. MARTIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 CONNECTICUT AVE, APT 722

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2017

Transaction ID : INCA14980

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

C. MARTIN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 CONNECTICUT AVE, APT 722

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2017

Transaction ID : INCA14982

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 262
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MATTILA, KARITA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4851 CERROMAR DRIVE

City NAPLES	State FL	Zip Code 34112
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) OPERA SINGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : INCA14983

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FEINSTEIN FOR SENATE 2018

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

Mailing Address 4851 CERROMAR DRIVE

City NAPLES	State FL	Zip Code 34112
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) OPERA SINGER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : INCA14985

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address 4851 CERROMAR DRIVE

City NAPLES	State FL	Zip Code 34112
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) OPERA SINGER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : INCA14984

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 54 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14960
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

B. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14963
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

C. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14959
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA14959

Transferred 10/11/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 56 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14962
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14964
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

C. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14961
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 57 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14965
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14967
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ROSEN FOR NEVADA

C. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14966
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 58 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14969
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14970
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14968
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	30.00
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 59 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SIEGFRIED, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 EAST 86TH STREET
 City NEW YORK State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) YOGA INSTRUCTOR / ORGANIZER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 10 / 2017
Transaction ID : INCA14988
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. LIDDLE, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15930 WEST RD
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5005.00

Date of Receipt 10 / 11 / 2017
Transaction ID : INCA14957
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 9479.80

Date of Receipt 10 / 15 / 2017
Transaction ID : INCA14956
 Amount of Each Receipt this Period 1700.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9479.80

Date of Receipt 10 / 16 / 2017
Transaction ID : INCA14954
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9479.80

Date of Receipt 10 / 16 / 2017
Transaction ID : INCA14951
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9479.80

Date of Receipt 10 / 16 / 2017
Transaction ID : INCA14952
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 61 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HUNT-SCOTT, SHANNON, , ,

Mailing Address 16348 AZTEC RIDGE DR

City LOS GATOS	State CA	Zip Code 95030
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE SCOTT FOUNDATION	Occupation (for Individual) PRESIDENT AND CO-FOUNDER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9479.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

Transaction ID : INCA14955

Amount of Each Receipt this Period
200.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HUNT-SCOTT, SHANNON, , ,

Mailing Address 16348 AZTEC RIDGE DR

City LOS GATOS	State CA	Zip Code 95030
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE SCOTT FOUNDATION	Occupation (for Individual) PRESIDENT AND CO-FOUNDER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9479.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

Transaction ID : INCA14953

Amount of Each Receipt this Period
200.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 88 MERCEDES LN

City ATHERTON	State CA	Zip Code 94027
------------------	-------------	-------------------

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

Name of Employer (for Individual) LAUDER PARTNERS, LLC	Occupation (for Individual) VENTURE CAPITALIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
11850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

Transaction ID : INCA14949

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HAT TRICK COMMUNICATIONS, LLC MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : INCA14922
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HAT TRICK COMMUNICATIONS, LLC MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : INCA14921
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HAT TRICK COMMUNICATIONS, LLC MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : INCA14926
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

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

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

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

FOR LINE NUMBER: PAGE 63 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HillsBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HAT TRICK COMMUNICATIONS, LLC MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : INCA14925
 Amount of Each Receipt this Period
 15.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HillsBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HAT TRICK COMMUNICATIONS, LLC MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : INCA14928
 Amount of Each Receipt this Period
 15.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

C. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HillsBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 HAT TRICK COMMUNICATIONS, LLC MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : INCA14927
 Amount of Each Receipt this Period
 15.00
 Memo Item
 ERMK: ADAMS4DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 64 OF 262
	<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)
WOMENCOUNT PAC

A. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14923
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. FRANTZ, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 VISTA ROAD
 City HILLSBOROUGH State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAT TRICK COMMUNICATIONS, LLC Occupation (for Individual) MARKETING CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14924
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14932
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ADAMS4DELEGATE

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

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

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

FOR LINE NUMBER: PAGE 65 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14931
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

B. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14930
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. HENDREN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2655 SW RAVENVIEW DRIVE
 City PORTLAND State OR Zip Code 97201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14929
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 66 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KOLLENDER, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3813 SE ROSWELL ST.
 City PORTLAND State OR Zip Code 97222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14933
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. KOLLENDER, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3813 SE ROSWELL ST.
 City PORTLAND State OR Zip Code 97222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14934
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. KOLLENDER, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3813 SE ROSWELL ST.
 City PORTLAND State OR Zip Code 97222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14936
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 262
	<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	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KOLLENDER, ANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3813 SE ROSWELL ST.

City PORTLAND	State OR	Zip Code 97222
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

Transaction ID : INCA14935

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 3813 SE ROSWELL ST.

City PORTLAND	State OR	Zip Code 97222
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

Transaction ID : INCA14939

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ADAMS4DELEGATE

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

Mailing Address 3813 SE ROSWELL ST.

City PORTLAND	State OR	Zip Code 97222
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

Transaction ID : INCA14940

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KELLY FOWLER FOR DELEGATE

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 262
	<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)
WOMENCOUNT PAC

A. KOLLENDER, ANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3813 SE ROSWELL ST.

City PORTLAND	State OR	Zip Code 97222
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2017

Transaction ID : INCA14937

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF WENDY GOODITIS

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

Mailing Address 3813 SE ROSWELL ST.

City PORTLAND	State OR	Zip Code 97222
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2017

Transaction ID : INCA14938

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: RODMAN FOR DELEGATE

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

Mailing Address 340 EAST 72 STREET--3SW

City NEW YORK	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2017

Transaction ID : INCA14948

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KELLY FOWLER FOR DELEGATE

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

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

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

FOR LINE NUMBER: PAGE 69 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14947
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ADAMS4DELEGATE

B. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14946
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

C. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14945
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 262
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14943
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14942
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14941
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 262
	<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	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MERRITT, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 EAST 72 STREET--3SW
 City NEW YORK State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14944
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. SPENCER, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1703 BRYANT ST.
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2333.33

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14915
 Amount of Each Receipt this Period 166.67
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. SPENCER, CRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1703 BRYANT ST.
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2333.33

Date of Receipt 10 / 17 / 2017
Transaction ID : INCA14916
 Amount of Each Receipt this Period 166.67
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... 338.34
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 72 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPENCER, CRISTINA, , ,

Mailing Address 1703 BRYANT ST.

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2333.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2017

Transaction ID : INCA14917

Amount of Each Receipt this Period
166.67

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 1703 BRYANT ST.

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2333.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2017

Transaction ID : INCA14919

Amount of Each Receipt this Period
500.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 1703 BRYANT ST.

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2333.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2017

Transaction ID : INCA14920

Amount of Each Receipt this Period
166.65

Memo Item
ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	833.32
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 73 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPENCER, CRISTINA, , ,

Mailing Address 1703 BRYANT ST.

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) WRITER
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

Transaction ID : INCA14918

Amount of Each Receipt this Period
166.67

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ACKER-LYONS, ALEXANDRA, , ,

Mailing Address 3349 WAVERLEY STREET

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AL ADVISING	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

Transaction ID : INCA14898

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ACKER-LYONS, ALEXANDRA, , ,

Mailing Address 3349 WAVERLEY STREET

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AL ADVISING	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

Transaction ID : INCA14902

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: RODMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	176.67
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 74 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ACKER-LYONS, ALEXANDRA, , ,

Mailing Address 3349 WAVERLEY STREET

City PALO ALTO State CA Zip Code 94306

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

Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 10 / 18 / 2017
Transaction ID : INCA14897

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ACKER-LYONS, ALEXANDRA, , ,

Mailing Address 3349 WAVERLEY STREET

City PALO ALTO State CA Zip Code 94306

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

Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 10 / 18 / 2017
Transaction ID : INCA14901

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ACKER-LYONS, ALEXANDRA, , ,

Mailing Address 3349 WAVERLEY STREET

City PALO ALTO State CA Zip Code 94306

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

Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 10 / 18 / 2017
Transaction ID : INCA14903

Amount of Each Receipt this Period
 5.00

Memo Item
 ERMK: ADAMS4DELEGATE

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

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

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

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

FOR LINE NUMBER: PAGE 75 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ACKER-LYONS, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3349 WAVERLEY STREET
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14900
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

B. ACKER-LYONS, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3349 WAVERLEY STREET
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14904
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

C. ACKER-LYONS, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3349 WAVERLEY STREET
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14899
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 76 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE
 City PORTLAND State OR Zip Code 97206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) LICENSED MASSAGE THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14893
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

B. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE
 City PORTLAND State OR Zip Code 97206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) LICENSED MASSAGE THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14894
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

C. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE
 City PORTLAND State OR Zip Code 97206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) LICENSED MASSAGE THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14892
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE

City PORTLAND	State OR	Zip Code 97206
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) LICENSED MASSAGE THERAPIST
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : INCA14895

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: ADAMS4DELEGATE

B. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE

City PORTLAND	State OR	Zip Code 97206
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) LICENSED MASSAGE THERAPIST
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : INCA14891

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE

City PORTLAND	State OR	Zip Code 97206
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) LICENSED MASSAGE THERAPIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2017

Transaction ID : INCA14889

Amount of Each Receipt this Period
5.00

Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE
 City PORTLAND State OR Zip Code 97206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) LICENSED MASSAGE THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14890
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. AGRE, LUCINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7424 SE 46TH AVE
 City PORTLAND State OR Zip Code 97206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) LICENSED MASSAGE THERAPIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14896
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

C. LAUDER, GARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14905
 Amount of Each Receipt this Period 2700.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

SUBTOTAL of Receipts This Page (optional)..... ▶ 2710.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA14905

Transferred 10/26/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

**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 80 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LAUDER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 MERCEDES LN
 City ATHERTON State CA Zip Code 94027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUDER PARTNERS, LLC Occupation (for Individual) VENTURE CAPITALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 11850.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14906
 Amount of Each Receipt this Period 2700.00
 Memo Item
 ERMK: SINEMA FOR ARIZONA

B. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14913
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ADAMS4DELEGATE

C. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14914
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	2720.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA14906

Transferred 10/26/17 to Krysten Sinema for Congress in error; re-issued to Sinema for Arizona 11/8/17.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 82 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PAGAN, THERESA, , ,

Mailing Address 148 MOUNTAIN WAY

City MORRIS PLAINS State NJ Zip Code 07950

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

Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2017

Transaction ID : INCA14908

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 148 MOUNTAIN WAY

City MORRIS PLAINS State NJ Zip Code 07950

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

Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2017

Transaction ID : INCA14909

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 148 MOUNTAIN WAY

City MORRIS PLAINS State NJ Zip Code 07950

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

Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2017

Transaction ID : INCA14907

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

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

FOR LINE NUMBER: PAGE 83 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14911
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

B. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14912
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

C. PAGAN, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 MOUNTAIN WAY
 City MORRIS PLAINS State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMES ADVANCED MATERIALS Occupation (for Individual) SAFETY MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2017
Transaction ID : INCA14910
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 84 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. REILLY, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 EL CAMINO DEL MAR
 City SAN FRANCISCO State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PUBLIC RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : INCA14888
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

B. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14883
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14884
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

SUBTOTAL of Receipts This Page (optional).....▶ 1010.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 85 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14886
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ADAMS4DELEGATE

B. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14882
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14885
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14881
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14887
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

C. MUKHOPADHYAY, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 WEST POINT PLACE
 City SAN MATEO State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) ANTHROPOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 20 / 2017
Transaction ID : INCA14880
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 87 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14879
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14871
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14872
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017
Transaction ID : INCA14873
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017
Transaction ID : INCA14874
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2017
Transaction ID : INCA14870
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14876
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14875
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14878
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 262
	<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)
WOMENCOUNT PAC

A. STANLEY, SUKIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 OXFORD AVE
 City PALO ALTO State CA Zip Code 94306-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 21 / 2017
Transaction ID : INCA14877
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14860
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: FRIENDS OF WENDY GOODITIS

C. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14863
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: KELLY FOWLER FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 91 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. COHEN, TOD, , ,

Mailing Address **839 MELVILLE AVENUE**

City **PALO ALTO** State **CA** Zip Code **94301**

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

Name of Employer (for Individual) **STUBHUB** Occupation (for Individual) **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8200.00**

Date of Receipt
10 / 23 / 2017

Transaction ID : INCA14859

Amount of Each Receipt this Period
50.00

Memo Item
ERMK: AYALA FOR DELEGATE

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

Mailing Address **839 MELVILLE AVENUE**

City **PALO ALTO** State **CA** Zip Code **94301**

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

Name of Employer (for Individual) **STUBHUB** Occupation (for Individual) **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **8200.00**

Date of Receipt
10 / 23 / 2017

Transaction ID : INCA14857

Amount of Each Receipt this Period
50.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address **839 MELVILLE AVENUE**

City **PALO ALTO** State **CA** Zip Code **94301**

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

Name of Employer (for Individual) **STUBHUB** Occupation (for Individual) **ATTORNEY**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **8200.00**

Date of Receipt
10 / 23 / 2017

Transaction ID : INCA14856

Amount of Each Receipt this Period
50.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 92 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14862
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: ADAMS4DELEGATE

B. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14858
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14861
 Amount of Each Receipt this Period 50.00
 Memo Item
 ERMK: RODMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 93 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : INCA14866
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : INCA14865
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

C. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : INCA14869
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

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

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

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

FOR LINE NUMBER: PAGE 94 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3330.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14864
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3330.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14868
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. WALLACE, MARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 MELVILLE AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3330.00

Date of Receipt 10 / 23 / 2017
Transaction ID : INCA14867
 Amount of Each Receipt this Period 15.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
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 95 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BRODLEY, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351C HERITAGE HILLS
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017
Transaction ID : INCA14842
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. BRODLEY, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351C HERITAGE HILLS
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017
Transaction ID : INCA14841
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

C. BRODLEY, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351C HERITAGE HILLS
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2017
Transaction ID : INCA14843
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BRODLEY, FLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351C HERITAGE HILLS
 City SOMERS State NY Zip Code 10589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14840
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. FEDER, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CENTRAL PARK WEST
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14845
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

C. FEDER, PHYLLIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 CENTRAL PARK WEST
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14846
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 97 OF 262
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FEDER, PHYLLIS, , ,

Mailing Address 101 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2017

Transaction ID : INCA14844

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: HEIDI FOR SENATE

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

Mailing Address 101 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2017

Transaction ID : INCA14847

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: ELIZABETH FOR MA

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

Mailing Address 101 CENTRAL PARK WEST

City NEW YORK State NY Zip Code 10023

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2017

Transaction ID : INCA14848

Amount of Each Receipt this Period
25.00

Memo Item

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MAROTTA, PRISCILLA, , ,

Mailing Address 3900 NORTH OCEAN DRIVE -5D

City LAUDERDALE BY SEA	State FL	Zip Code 33308
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PSYCHOLOGIST
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2017

Transaction ID : INCA14854

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address 3900 NORTH OCEAN DRIVE -5D

City LAUDERDALE BY SEA	State FL	Zip Code 33308
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PSYCHOLOGIST
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2017

Transaction ID : INCA14855

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH FOR MA

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

Mailing Address 3900 NORTH OCEAN DRIVE -5D

City LAUDERDALE BY SEA	State FL	Zip Code 33308
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PSYCHOLOGIST
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2017

Transaction ID : INCA14853

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....	30.00
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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SAUVAGEAU, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 FALL ST
 City SENECA FALLS State NY Zip Code 13148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENECA COUNTY NY Occupation (for Individual) DIRECTOR, WEIGHTS & MEASURES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14850
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

B. SAUVAGEAU, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 FALL ST
 City SENECA FALLS State NY Zip Code 13148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENECA COUNTY NY Occupation (for Individual) DIRECTOR, WEIGHTS & MEASURES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14849
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. SAUVAGEAU, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 FALL ST
 City SENECA FALLS State NY Zip Code 13148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENECA COUNTY NY Occupation (for Individual) DIRECTOR, WEIGHTS & MEASURES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14852
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 100 OF 262
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SAUVAGEAU, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 FALL ST
 City SENECA FALLS State NY Zip Code 13148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENECA COUNTY NY Occupation (for Individual) DIRECTOR, WEIGHTS & MEASURES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 10 / 24 / 2017
Transaction ID : INCA14851
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. SCHROEDER, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 28TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOSAIC FINANCIAL PARTNERS Occupation (for Individual) DIRECTOR OF CLIENT DEVELOPME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 25 / 2017
Transaction ID : INCA14838
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. SCHROEDER, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 28TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOSAIC FINANCIAL PARTNERS Occupation (for Individual) DIRECTOR OF CLIENT DEVELOPMEN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 25 / 2017
Transaction ID : INCA14837
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional)..... ▶ 2005.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SCHROEDER, SHEILA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 28TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOSAIC FINANCIAL PARTNERS Occupation (for Individual) DIRECTOR OF CLIENT DEVELOPEMEN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 25 / 2017
Transaction ID : INCA14839
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

B. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14812
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14820
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 1010.00
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

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14819
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14818
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

C. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14817
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 103 OF 262
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAZAGA, ROBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
145.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14811

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
145.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14815

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

Mailing Address 500 PATERSON PLANK ROAD

City UNION CITY	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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

Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
145.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14816

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 262
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14813
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. HAZAGA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 PATERSON PLANK ROAD
 City UNION CITY State NJ Zip Code 07087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RIGHTS INTERNATIONAL GROUP, INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 145.18

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14814
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14799
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14798
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

B. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14797
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14795
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 106 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14794
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14796
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14791
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....	300.00
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 107 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : INCA14800
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : INCA14792
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. KELSEY, KEENAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 HAWTHORNE AVE
 City LARKSPUR State CA Zip Code 94939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : INCA14793
 Amount of Each Receipt this Period
 100.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 108 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14806
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14807
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14805
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PLUMER, PATRICIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 YERBA BUENA AVE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) GUNN HIGH SCHOOL	Occupation (for Individual) COACH
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14803

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 177 YERBA BUENA AVE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) GUNN HIGH SCHOOL	Occupation (for Individual) COACH
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14802

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 177 YERBA BUENA AVE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) GUNN HIGH SCHOOL	Occupation (for Individual) COACH
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14804

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 110 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14809
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14808
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

C. PLUMER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 YERBA BUENA AVE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUNN HIGH SCHOOL Occupation (for Individual) COACH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14801
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 111 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PLUMER, PATRICIA, , ,

Mailing Address **177 YERBA BUENA AVE**

City LOS ALTOS	State CA	Zip Code 94022
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) GUNN HIGH SCHOOL	Occupation (for Individual) COACH
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14810

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

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

Mailing Address **421, POPPY PLACE**

City MTN. VIEW	State CA	Zip Code 94043
--------------------------	--------------------	--------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14836

Amount of Each Receipt this Period
5.00

Memo Item

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

Mailing Address **421, POPPY PLACE**

City MTN. VIEW	State CA	Zip Code 94043
--------------------------	--------------------	--------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14832

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KAMALA HARRIS FOR SENATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 262
	<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)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14833
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14835
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

C. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14834
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

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

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

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

FOR LINE NUMBER: PAGE 113 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14831
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

B. VALDES, ISABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 SACRAMENTO ST., BOX 259
 City SAN FRANCISCO State CA Zip Code 94118-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14825
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. VALDES, ISABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 SACRAMENTO ST., BOX 259
 City SAN FRANCISCO State CA Zip Code 94118-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 26 / 2017
Transaction ID : INCA14822
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....▶ 25.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 114 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. VALDES, ISABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 SACRAMENTO ST., BOX 259
 City SAN FRANCISCO State CA Zip Code 94118-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : INCA14829
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

B. VALDES, ISABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 SACRAMENTO ST., BOX 259
 City SAN FRANCISCO State CA Zip Code 94118-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : INCA14821
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. VALDES, ISABEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 SACRAMENTO ST., BOX 259
 City SAN FRANCISCO State CA Zip Code 94118-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : INCA14827
 Amount of Each Receipt this Period
 10.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 115 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VALDES, ISABEL, , ,

Mailing Address **3701 SACRAMENTO ST., BOX 259**

City SAN FRANCISCO	State CA	Zip Code 94118-1705
------------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14826

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

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

Mailing Address **3701 SACRAMENTO ST., BOX 259**

City SAN FRANCISCO	State CA	Zip Code 94118-1705
------------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14828

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: CROWLEYFORVA98TH

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

Mailing Address **3701 SACRAMENTO ST., BOX 259**

City SAN FRANCISCO	State CA	Zip Code 94118-1705
------------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14824

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	30.00
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 116 OF 262
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. VALDES, ISABEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3701 SACRAMENTO ST., BOX 259

City SAN FRANCISCO	State CA	Zip Code 94118-1705
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14823

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 3701 SACRAMENTO ST., BOX 259

City SAN FRANCISCO	State CA	Zip Code 94118-1705
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA14830

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MICHELLE FOR DELEGATE

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

Mailing Address 853 SHARON CT

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL	Occupation (for Individual) EDUCATOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : INCA14783

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 117 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14782
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

B. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14781
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14785
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 262
	<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)
WOMENCOUNT PAC

A. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14784
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14787
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14790
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 262
	<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)
WOMENCOUNT PAC

A. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14786
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

B. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14789
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. DEHOVITZ, ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 853 SHARON CT
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GIDEON HAUSNER JEWISH DAY SCHOOL Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14788
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 120 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SCHNEIDER, HOLLY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3820 LAKEVIEW TERRACE

City FALLS CHURCH	State VA	Zip Code 22041
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2017

Transaction ID : INCA14767

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 3820 LAKEVIEW TERRACE

City FALLS CHURCH	State VA	Zip Code 22041
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2017

Transaction ID : INCA14769

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MORGAN GOODMAN FOR VIRGINIA

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

Mailing Address 3820 LAKEVIEW TERRACE

City FALLS CHURCH	State VA	Zip Code 22041
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2017

Transaction ID : INCA14768

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CROWLEYFORVA98TH

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHNEIDER, HOLLY, , ,

Mailing Address **3820 LAKEVIEW TERRACE**

City **FALLS CHURCH** State **VA** Zip Code **22041**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
10 / 27 / 2017

Transaction ID : INCA14766

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

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

Mailing Address **3820 LAKEVIEW TERRACE**

City **FALLS CHURCH** State **VA** Zip Code **22041**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
10 / 27 / 2017

Transaction ID : INCA14764

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address **3820 LAKEVIEW TERRACE**

City **FALLS CHURCH** State **VA** Zip Code **22041**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
10 / 27 / 2017

Transaction ID : INCA14763

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

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

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

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

FOR LINE NUMBER: PAGE 122 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHNEIDER, HOLLY, , ,

Mailing Address 3820 LAKEVIEW TERRACE

City FALLS CHURCH State VA Zip Code 22041

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017

Transaction ID : INCA14762

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF DANICA ROEM

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

Mailing Address 3820 LAKEVIEW TERRACE

City FALLS CHURCH State VA Zip Code 22041

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017

Transaction ID : INCA14761

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

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

Mailing Address 3820 LAKEVIEW TERRACE

City FALLS CHURCH State VA Zip Code 22041

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017

Transaction ID : INCA14765

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SCHNEIDER, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3820 LAKEVIEW TERRACE
 City FALLS CHURCH State VA Zip Code 22041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14770
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGE MASON UNIVERSITY,, AMERICAN SOC Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14772
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

C. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGE MASON UNIVERSITY,, AMERICAN SOC Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14773
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 124 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGE MASON UNIVERSITY,, AMERICAN SOC Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14780
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MICHELLE FOR DELEGATE

B. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGE MASON UNIVERSITY,, AMERICAN SOC Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14779
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MORGAN GOODMAN FOR VIRGINIA

C. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGE MASON UNIVERSITY,, AMERICAN SOC Occupation (for Individual) SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14778
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CROWLEYFORVA98TH

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 125 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GEORGE MASON UNIVERSITY,, AMERICAN SOC SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14777
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

B. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GEORGE MASON UNIVERSITY,, AMERICAN SOC SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14771
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: CHERYL TURPIN FOR VIRGINIA BEACH

C. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GEORGE MASON UNIVERSITY,, AMERICAN SOC SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14775
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 126 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GEORGE MASON UNIVERSITY,, AMERICAN SOC SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14774
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. SPALTER-ROTH, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1736 COLUMBIA RD
 City WASHINGTON State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 GEORGE MASON UNIVERSITY,, AMERICAN SOC SOCIOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68.00

Date of Receipt 10 / 27 / 2017
Transaction ID : INCA14776
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED, SAME NAME PERSONAL TRAINER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 28 / 2017
Transaction ID : INCA14754
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 127 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO State CA Zip Code 94107

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 28 / 2017**

Transaction ID : INCA14752

Amount of Each Receipt this Period **5.00**

Memo Item
ERMK: FEINSTEIN FOR SENATE 2018

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO State CA Zip Code 94107

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 28 / 2017**

Transaction ID : INCA14751

Amount of Each Receipt this Period **5.00**

Memo Item
ERMK: ELIZABETH FOR MA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO State CA Zip Code 94107

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 28 / 2017**

Transaction ID : INCA14755

Amount of Each Receipt this Period **5.00**

Memo Item
ERMK: STABENOW FOR US SENATE

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

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

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

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

FOR LINE NUMBER: PAGE 128 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : INCA14753

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : INCA14757

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : INCA14760

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

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

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

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

FOR LINE NUMBER: PAGE 129 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : INCA14759

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HEIDI FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : INCA14756

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MARIA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LA FONTAINE FIORE, KRISTIN, , ,

Mailing Address 1724 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) PERSONAL TRAINER
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2017

Transaction ID : INCA14758

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 262
	<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)
WOMENCOUNT PAC

A. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE DAVID AND LUCILE PACKARD FOUNDATIO	Occupation (for Individual) PROGRAM OFFICER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14715

Amount of Each Receipt this Period
100.00

Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE DAVID AND LUCILE PACKARD FOUNDATIO	Occupation (for Individual) PROGRAM OFFICER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14719

Amount of Each Receipt this Period
100.00

Memo Item
 ERMK: AYALA FOR DELEGATE

C. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE

City PALO ALTO	State CA	Zip Code 94306
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE DAVID AND LUCILE PACKARD FOUNDATIO	Occupation (for Individual) PROGRAM OFFICER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14718

Amount of Each Receipt this Period
100.00

Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 131 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 THE DAVID AND LUCILE PACKARD FOUNDATIO PROGRAM OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14720
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: LOCAL MAJORITY

B. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 THE DAVID AND LUCILE PACKARD FOUNDATIO PROGRAM OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14717
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 THE DAVID AND LUCILE PACKARD FOUNDATIO PROGRAM OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14716
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ARNDORFER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3505 LAGUNA AVE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 THE DAVID AND LUCILE PACKARD FOUNDATIO PROGRAM OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14714
 Amount of Each Receipt this Period 100.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. ARNDORFER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 RICHMOND LANE
 City ALEXANDRIA State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14732
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. ARNDORFER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 RICHMOND LANE
 City ALEXANDRIA State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14731
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 133 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ARNDORFER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 RICHMOND LANE
 City ALEXANDRIA State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14729
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

B. ARNDORFER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2920 RICHMOND LANE
 City ALEXANDRIA State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14730
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

C. DESJARDINS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 BURLINGAME AVE
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14749
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DESJARDINS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 BURLINGAME AVE
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14750
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. DESJARDINS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 BURLINGAME AVE
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14746
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. DESJARDINS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1538 BURLINGAME AVE
 City BURLINGAME State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14748
 Amount of Each Receipt this Period 200.00
 Memo Item
 ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 135 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DESJARDINS, DAVID, , ,

Mailing Address 1538 BURLINGAME AVE

City BURLINGAME	State CA	Zip Code 94010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) INVESTOR
---	---

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
10		31		2017

Transaction ID : INCA14747

Amount of Each Receipt this Period
200.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

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

Mailing Address 724 20TH AVENUE

City SAN FRANCISCO	State CA	Zip Code 94121
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) CLOVIS ONCOLOGY	Occupation (for Individual) DATABASE MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14744

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 724 20TH AVENUE

City SAN FRANCISCO	State CA	Zip Code 94121
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) CLOVIS ONCOLOGY	Occupation (for Individual) DATABASE MANAGER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14745

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	250.00
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 136 OF 262
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : INCA14725
 Amount of Each Receipt this Period
 45.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

B. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : INCA14722
 Amount of Each Receipt this Period
 45.00
 Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : INCA14724
 Amount of Each Receipt this Period
 45.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 137 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14723
 Amount of Each Receipt this Period 45.00
 Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14727
 Amount of Each Receipt this Period 45.00
 Memo Item
 ERMK: AYALA FOR DELEGATE

C. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14726
 Amount of Each Receipt this Period 45.00
 Memo Item
 ERMK: FRIENDS OF DANICA ROEM

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 262
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MENGE, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PORTOLA RD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) INTEGRATIVE HEALTH PRACTITIONER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14728
 Amount of Each Receipt this Period 45.00
 Memo Item
 ERMK: LOCAL MAJORITY

B. MOORE, CAROLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 CARDIFF LANE
 City REDWOOD CITY State CA Zip Code 94061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) APPLE Occupation (for Individual) SR. HR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 75.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14743
 Amount of Each Receipt this Period 75.00
 Memo Item
 ERMK: KATHY TRAN FOR DELEGATE

C. ORR, DOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 JUNIPERRA SERRA BLVD.
 City DALY CITY State CA Zip Code 94014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : INCA14737
 Amount of Each Receipt this Period 300.00
 Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 OF 262
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ORR, DOM, , ,

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

Mailing Address 2001 JUNIPERRA SERRA BLVD.

City DALY CITY	State CA	Zip Code 94014
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14736

Amount of Each Receipt this Period
300.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

B. ORR, DOM, , ,

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

Mailing Address 2001 JUNIPERRA SERRA BLVD.

City DALY CITY	State CA	Zip Code 94014
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14735

Amount of Each Receipt this Period
300.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

C. ORR, DOM, , ,

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

Mailing Address 2001 JUNIPERRA SERRA BLVD.

City DALY CITY	State CA	Zip Code 94014
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14734

Amount of Each Receipt this Period
300.00

Memo Item
ERMK: ELIZABETH GUZMAN FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 140 OF 262
	<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)
WOMENCOUNT PAC

A. ORR, DOM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 JUNIPERRA SERRA BLVD.

City DALY CITY	State CA	Zip Code 94014
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14733

Amount of Each Receipt this Period
300.00

Memo Item
ERMK: JENNIFER CARROLL FOY FOR DELEGATE

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

Mailing Address 555 S EL MONTE AVENUE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACORN FINANCIAL PLANNING	Occupation (for Individual) REGISTERED INVESTMENT ADVISO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14741

Amount of Each Receipt this Period
50.00

Memo Item
ERMK: KATHY TRAN FOR DELEGATE

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

Mailing Address 555 S EL MONTE AVENUE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACORN FINANCIAL PLANNING	Occupation (for Individual) REGISTERED INVESTMENT ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : INCA14740

Amount of Each Receipt this Period
25.00

Memo Item
ERMK: KATHLEEN MURPHY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 141 OF 262
	<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)
WOMENCOUNT PAC

A. PEARL, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 S EL MONTE AVENUE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACORN FINANCIAL PLANNING	Occupation (for Individual) REGISTERED INVESTMENT ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14739

Amount of Each Receipt this Period
75.00

Memo Item
 ERMK: ELIZABETH GUZMAN FOR DELEGATE

B. PEARL, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 S EL MONTE AVENUE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACORN FINANCIAL PLANNING	Occupation (for Individual) REGISTERED INVESTMENT ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14738

Amount of Each Receipt this Period
25.00

Memo Item
 ERMK: JENNIFER CARROLL FOY FOR DELEGATE

C. PEARL, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 S EL MONTE AVENUE

City LOS ALTOS	State CA	Zip Code 94022
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACORN FINANCIAL PLANNING	Occupation (for Individual) REGISTERED INVESTMENT ADVISOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14742

Amount of Each Receipt this Period
25.00

Memo Item
 ERMK: KARRIE DELANEY FOR DELEGATE

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 142 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PIAGET, JOAN, , ,

Mailing Address 430 MINOCA RD

City PORTOLA VALLEY State CA Zip Code 94028

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

Name of Employer (for Individual) IAHB Occupation (for Individual) EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2017

Transaction ID : INCA14721

Amount of Each Receipt this Period
 50.00

Memo Item
 ERMK: FRIENDS OF DANICA ROEM

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

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	36498.33

**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 143 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CHRISSY HOULAHAN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 222

City DEVON	State PA	Zip Code 19333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637371

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15396

Amount of Each Receipt this Period
4.60

Memo Item

B. DEBBIE DINGELL FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN	State MI	Zip Code 48124
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00558213

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15462

Amount of Each Receipt this Period
2.00

Memo Item

C. DR. TRAN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00647081

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
11.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15466

Amount of Each Receipt this Period
4.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	11.20
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 144 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 290568

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4282.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

Transaction ID : INCA14558

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address 918 PENNSYLVANIA AVE SE

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

Transaction ID : INCA14559

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address P.O. BOX 598

City DUBUQUE	State IA	Zip Code 52004
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637074

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
11.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

Transaction ID : INCA15465

Amount of Each Receipt this Period
4.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5.00
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 145 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF ELIZABETH ESTY

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

Mailing Address PO BOX 61

City CHESHIRE	State CT	Zip Code 06410
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00494203

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15458

Amount of Each Receipt this Period
2.00

Memo Item

B. FRIENDS OF MARIA

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

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
818.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14563

Amount of Each Receipt this Period
0.20

Memo Item

C. FRIENDS OF MAZIE HIRONO

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

Mailing Address PO BOX 677

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
47.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14565

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.40
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 146 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2941.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14560

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1286.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14566

Amount of Each Receipt this Period
280.20

Memo Item

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

Mailing Address P.O. BOX 112

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15459

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	282.40
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 147 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KATHLEEN RICE FOR CONGRESS

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

Mailing Address PO BOX 744

City MINEOLA	State NY	Zip Code 11501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00555813

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15461

Amount of Each Receipt this Period
2.00

Memo Item

B. KLOBUCHAR FOR MINNESOTA

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

Mailing Address PO BOX 4146

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14561

Amount of Each Receipt this Period
0.20

Memo Item

C. MALONEY FOR CONGRESS

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

Mailing Address 49 EAST 92ND ST

City NEW YORK	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00273169

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA15460

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4.20
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 148 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1856.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

Transaction ID : INCA14564

Amount of Each Receipt this Period
0.20

Memo Item

B. ROBIN KELLY FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 6953

City CHICAGO	State IL	Zip Code 60680
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539866

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

Transaction ID : INCA15463

Amount of Each Receipt this Period
2.00

Memo Item

C. ROSEN FOR NEVADA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON	State NV	Zip Code 89074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00606939

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
38.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2017

Transaction ID : INCA15395

Amount of Each Receipt this Period
4.60

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6.80
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 149 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address P.O. BOX 4945

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

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1494.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14562

Amount of Each Receipt this Period

0.20

 Memo Item

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

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2025.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : INCA14567

Amount of Each Receipt this Period

0.20

 Memo Item

C. CHRISSE HOULAHAN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 222

City DEVON	State PA	Zip Code 19333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00637371

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
12.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15408

Amount of Each Receipt this Period

0.20

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DEBBIE DINGELL FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN	State MI	Zip Code 48124
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00558213

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15471

Amount of Each Receipt this Period
0.20

Memo Item

B. DR. TRAN FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00647081

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15475

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 290568

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4282.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15397

Amount of Each Receipt this Period
0.60

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 151 OF 262
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017
Transaction ID : INCA15398

Amount of Each Receipt this Period
 1.00

Memo Item

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

Mailing Address P.O. BOX 598

City DUBUQUE State IA Zip Code 52004

FEC ID number of contributing federal political committee. **C** C00637074

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017
Transaction ID : INCA15474

Amount of Each Receipt this Period
 0.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

FEC ID number of contributing federal political committee. **C** C00494203

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2017
Transaction ID : INCA15467

Amount of Each Receipt this Period
 0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1.40

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 152 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
818.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15402

Amount of Each Receipt this Period

0.80

 Memo Item

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

Mailing Address PO BOX 677

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
47.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15404

Amount of Each Receipt this Period

0.40

 Memo Item

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

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2941.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15399

Amount of Each Receipt this Period

0.80

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.00
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 153 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1286.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

Transaction ID : INCA15405

Amount of Each Receipt this Period
240.60

Memo Item

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

Mailing Address P.O. BOX 112

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

Transaction ID : INCA15468

Amount of Each Receipt this Period
0.20

Memo Item

C. KATHLEEN RICE FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 744

City MINEOLA	State NY	Zip Code 11501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00555813

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

Transaction ID : INCA15470

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.00
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 154 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 4146

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15400

Amount of Each Receipt this Period
0.40

Memo Item

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

Mailing Address 49 EAST 92ND ST

City NEW YORK	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00273169

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15469

Amount of Each Receipt this Period
0.20

Memo Item

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1856.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15403

Amount of Each Receipt this Period
1.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1.80
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 155 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROBIN KELLY FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 6953

City CHICAGO	State IL	Zip Code 60680
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539866

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15472

Amount of Each Receipt this Period

0.20

 Memo Item

B. ROSEN FOR NEVADA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON	State NV	Zip Code 89074
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00606939

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
38.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15407

Amount of Each Receipt this Period

2.80

 Memo Item

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

Mailing Address P.O. BOX 4945

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1494.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15401

Amount of Each Receipt this Period

0.60

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2025.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2017

Transaction ID : INCA15406

Amount of Each Receipt this Period

188.80

 Memo Item

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1286.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2017

Transaction ID : INCA15410

Amount of Each Receipt this Period

148.00

 Memo Item

C. ELECTING WOMEN BAY AREA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00585687

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1360.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA15422

Amount of Each Receipt this Period

40.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	188.80
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 157 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 290568

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4282.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : INCA15416

Amount of Each Receipt this Period
1.80

Memo Item

B. FRIENDS OF MARIA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
818.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : INCA15417

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address PO BOX 677

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
47.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : INCA15419

Amount of Each Receipt this Period
1.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 262
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1286.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA15420

Amount of Each Receipt this Period
41.40

Memo Item

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

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1856.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA15418

Amount of Each Receipt this Period
1.80

Memo Item

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

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2025.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2017

Transaction ID : INCA15421

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.20
TOTAL This Period (last page this line number only).....	879.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address PO BOX 441146

City SOMMERVILLE State MA Zip Code 02144

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name
ACTBLUE TECHNICAL SERVICES

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB14587
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
ACCOUNT FEE

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB14580
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB14582
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB14583

Amount of Each Disbursement this Period

[REDACTED] 75.68

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB14581

Amount of Each Disbursement this Period

[REDACTED] 942.18

Memo Item

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB15490

Amount of Each Disbursement this Period

[REDACTED] 52.42

Memo Item

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

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

[REDACTED] 1070.28

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ACTBLUE TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 441146

City SOMMERVILLE State MA Zip Code 02144

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name ACTBLUE TECHNICAL SERVICES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2017

FEC Identification Number: C

Transaction ID : EXPB14712

Amount of Each Disbursement this Period: 0.04

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.04
TOTAL This Period (last page this line number only).....▶	1308.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHRISSY HOULAHAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 222		FEC Identification Number C00637371 Transaction ID : EXPB15090 Amount of Each Disbursement this Period 50.00
City DEVON	State PA	Zip Code 19333
Purpose of Disbursement ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HOULAHAN, CHRISSY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHRISSY HOULAHAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 222		FEC Identification Number C00637371 Transaction ID : EXPB15091 Amount of Each Disbursement this Period 10.00
City DEVON	State PA	Zip Code 19333
Purpose of Disbursement ERMK: PAMELA BOOZER-STROTHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HOULAHAN, CHRISSY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHRISSY HOULAHAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 222		FEC Identification Number C00637371 Transaction ID : EXPB15092 Amount of Each Disbursement this Period 5.00
City DEVON	State PA	Zip Code 19333
Purpose of Disbursement ERMK: AIMEE LEE CHEEK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HOULAHAN, CHRISSY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 06	<input type="checkbox"/> Memo Item

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

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

65.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CHRISSY HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City: DEVON State: PA Zip Code: 19333

Purpose of Disbursement: ERMK: MARCI ADDY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: HOULAHAN, CHRISSY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C00637371

Transaction ID : EXPB15093

Amount of Each Disbursement this Period

5.00

Memo Item

B. CHRISSY HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City: DEVON State: PA Zip Code: 19333

Purpose of Disbursement: ERMK: KAY MAUNSBACH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: HOULAHAN, CHRISSY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C00637371

Transaction ID : EXPB15094

Amount of Each Disbursement this Period

10.00

Memo Item

C. CHRISSY HOULAHAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 222

City: DEVON State: PA Zip Code: 19333

Purpose of Disbursement: ERMK: JESSICA CERULLO MERRILL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: HOULAHAN, CHRISSY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C00637371

Transaction ID : EXPB15095

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement
ERMK: KELLY E HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSY, , ,

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

State: PA District: 06

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: **C00637371**
Transaction ID : **EXPB15096**
Amount of Each Disbursement this Period: 20.00

Memo Item

Full Name (Last, First, Middle Initial)
B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement
ERMK: ASHLEY GLACEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSY, , ,

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

State: PA District: 06

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: **C00637371**
Transaction ID : **EXPB15097**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

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

Candidate Name
DINGELL, DEBBIE, , ,

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

State: MI District: 12

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: **C00558213**
Transaction ID : **EXPB15073**
Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 80.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. DR. TRAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 777 S. FIGUEROA ST.		FEC Identification Number C00647081 Transaction ID : EXPB15098 Amount of Each Disbursement this Period 50.00
City LOS ANGELES	State CA	Zip Code 90017
Purpose of Disbursement ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name TRAN, MAI-KHANH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 39	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DR. TRAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 777 S. FIGUEROA ST.		FEC Identification Number C00647081 Transaction ID : EXPB15099 Amount of Each Disbursement this Period 10.00
City LOS ANGELES	State CA	Zip Code 90017
Purpose of Disbursement ERMK: PAMELA BOOZER-STROTHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name TRAN, MAI-KHANH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 39	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. DR. TRAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 777 S. FIGUEROA ST.		FEC Identification Number C00647081 Transaction ID : EXPB15100 Amount of Each Disbursement this Period 5.00
City LOS ANGELES	State CA	Zip Code 90017
Purpose of Disbursement ERMK: AIMEE LEE CHEEK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name TRAN, MAI-KHANH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 39	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: MARCI ADDY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
TRAN, MAI-KHANH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C C00647081
Transaction ID : EXPB15101
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: KAY MAUNSBACH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
TRAN, MAI-KHANH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C C00647081
Transaction ID : EXPB15102
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DR. TRAN FOR CONGRESS

Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: JESSICA CERULLO MERRILL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
TRAN, MAI-KHANH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 39

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C C00647081
Transaction ID : EXPB15103
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DR. TRAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: KELLY E HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
TRAN, MAI-KHANH, , ,

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

State: CA District: 39

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C00647081
Transaction ID : EXPB15104
Amount of Each Disbursement this Period: 20.00

Memo Item

B. DR. TRAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 777 S. FIGUEROA ST.

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: ASHLEY GLACEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
TRAN, MAI-KHANH, , ,

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

State: CA District: 39

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C00647081
Transaction ID : EXPB15105
Amount of Each Disbursement this Period: 10.00

Memo Item

C. ELIZABETH FOR MA INC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

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

State: MA District:

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C00500843
Transaction ID : EXPB14480
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 35.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Date of Disbursement: / /

Mailing Address **918 PENNSYLVANIA AVE SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Purpose of Disbursement **ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED**

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District:

FEC Identification Number **C00539890**
Transaction ID : EXPB14481
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. FINKENAUER FOR CONGRESS

Date of Disbursement: / /

Mailing Address **P.O. BOX 598**

City **DUBUQUE** State **IA** Zip Code **52004**

Purpose of Disbursement **ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED**

Candidate Name **FINKENAUER, ABBY, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IA** District: **01**

FEC Identification Number **C00637074**
Transaction ID : EXPB15082
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. FINKENAUER FOR CONGRESS

Date of Disbursement: / /

Mailing Address **P.O. BOX 598**

City **DUBUQUE** State **IA** Zip Code **52004**

Purpose of Disbursement **ERMK: PAMELA BOOZER-STROTHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED**

Candidate Name **FINKENAUER, ABBY, , ,**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **IA** District: **01**

FEC Identification Number **C00637074**
Transaction ID : EXPB15083
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 598

City **DUBUQUE** State **IA** Zip Code **52004**

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

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IA** District: **01**

Date of Disbursement

/ /

FEC Identification Number

C **C00637074**

Transaction ID : EXPB15084

Amount of Each Disbursement this Period

Memo Item

B. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 598

City **DUBUQUE** State **IA** Zip Code **52004**

Purpose of Disbursement
ERMK: MARCI ADDY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IA** District: **01**

Date of Disbursement

/ /

FEC Identification Number

C **C00637074**

Transaction ID : EXPB15085

Amount of Each Disbursement this Period

Memo Item

C. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 598

City **DUBUQUE** State **IA** Zip Code **52004**

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

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IA** District: **01**

Date of Disbursement

/ /

FEC Identification Number

C **C00637074**

Transaction ID : EXPB15086

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 598

City **DUBUQUE** State **IA** Zip Code **52004**

Purpose of Disbursement
ERMK: JESSICA CERULLO MERRILL-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IA** District: **01**

Date of Disbursement

/ /

FEC Identification Number

C **C00637074**

Transaction ID : EXPB15087

Amount of Each Disbursement this Period

Memo Item

B. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 598

City **DUBUQUE** State **IA** Zip Code **52004**

Purpose of Disbursement
ERMK: KELLY E HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IA** District: **01**

Date of Disbursement

/ /

FEC Identification Number

C **C00637074**

Transaction ID : EXPB15088

Amount of Each Disbursement this Period

Memo Item

C. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 598

City **DUBUQUE** State **IA** Zip Code **52004**

Purpose of Disbursement
ERMK: ASHLEY GLACEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: **IA** District: **01**

Date of Disbursement

/ /

FEC Identification Number

C **C00637074**

Transaction ID : EXPB15089

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF ELIZABETH ESTY		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 61		FEC Identification Number C00494203 Transaction ID : EXPB15061 Amount of Each Disbursement this Period 50.00
City CHESHIRE	State CT	Zip Code 06410
Purpose of Disbursement ERMK: JEAN SINZDAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ETSY, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB14482 Amount of Each Disbursement this Period 5.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAZIE HIRONO		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 677		FEC Identification Number C00420760 Transaction ID : EXPB14483 Amount of Each Disbursement this Period 5.00
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HIRONO, MAZIE, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District:	<input type="checkbox"/> Memo Item

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

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

60.00

**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)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB14484 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 000505552 Transaction ID : EXPB14449 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: LAURA KAVANAUGH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 000505552 Transaction ID : EXPB14485 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: ELIZABETH HOWARD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

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

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

2005.00

**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)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14486 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: JAN KANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14487 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14488 Amount of Each Disbursement this Period 5.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2005.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB14493 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: JANE HSIAO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15058 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: GRETCHEN SISSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15062 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

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

Candidate Name
SPEIER, JACKIE, , ,

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

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C C00443705

Transaction ID : EXPB15060

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

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

Candidate Name
RICE, KATHLEEN, , ,

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

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C C00555813

Transaction ID : EXPB15072

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President
State: MN District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C C00431353

Transaction ID : EXPB14489

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

105.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

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

Candidate Name
MALONEY, CAROLYN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C C00273169

Transaction ID : EXPB15059

Amount of Each Disbursement this Period

50.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB14490

Amount of Each Disbursement this Period

5.00

Memo Item

C. ROBIN KELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6953

City CHICAGO State IL Zip Code 60680

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

Candidate Name
KELLY, ROBIN, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number

C C00539866

Transaction ID : EXPB15071

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

105.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15074 Amount of Each Disbursement this Period 50.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: KEENAN KELSEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15075 Amount of Each Disbursement this Period 10.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: PAMELA BOOZER-STROTHER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15076 Amount of Each Disbursement this Period 5.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: AIMEE LEE CHEEK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

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

65.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15077 Amount of Each Disbursement this Period 5.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: MARCI ADDY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15078 Amount of Each Disbursement this Period 10.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: KAY MAUNSBACH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15079 Amount of Each Disbursement this Period 5.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: JESSICA CERULLO MERRILL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15080 Amount of Each Disbursement this Period 20.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: KELLY E HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ROSEN FOR NEVADA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177		FEC Identification Number C00606939 Transaction ID : EXPB15081 Amount of Each Disbursement this Period 10.00
City HENDERSON	State NV	Zip Code 89074
Purpose of Disbursement ERMK: ASHLEY GLACEL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ROSEN, JACKY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 03	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. STABENOW FOR US SENATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address P.O. BOX 4945		FEC Identification Number C00344473 Transaction ID : EXPB14491 Amount of Each Disbursement this Period 5.00
City EAST LANSING	State MI	Zip Code 48826
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name STABENOW, DEBBIE, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District:	<input type="checkbox"/> Memo Item

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

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

35.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 04 / 2017

FEC Identification Number
C C00326801
Transaction ID : EXPB14492
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHRISSY HOULAHAN FOR CONGRESS

Mailing Address PO BOX 222

City DEVON State PA Zip Code 19333

Purpose of Disbursement
ERMK: STUART CERULLO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HOULAHAN, CHRISSY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

FEC Identification Number
C C00637371
Transaction ID : EXPB15117
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DINGELL, DEBBIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MI District: 12

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

FEC Identification Number
C C00558213
Transaction ID : EXPB15114
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. DR. TRAN FOR CONGRESS

Mailing Address **777 S. FIGUEROA ST.**

City **LOS ANGELES** State **CA** Zip Code **90017**

Purpose of Disbursement
ERMK: STUART CERULLO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
TRAN, MAI-KHANH, , ,

Office Sought: House
 Senate
 President
State: **CA** District: **39**

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C **C00647081**

Transaction ID : EXPB15118

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH FOR MA INC

Mailing Address **PO BOX 290568**

City **BOSTON** State **MA** Zip Code **02129**

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

Office Sought: House
 Senate
 President
State: **MA** District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

C **C00500843**

Transaction ID : EXPB15132

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. ELIZABETH FOR MA INC

Mailing Address **PO BOX 290568**

City **BOSTON** State **MA** Zip Code **02129**

Purpose of Disbursement
ERMK: LINDA BANCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

Office Sought: House
 Senate
 President
State: **MA** District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C **C00500843**

Transaction ID : EXPB15133

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB15142

Amount of Each Disbursement this Period: 10.00

Memo Item

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

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

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

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB15143

Amount of Each Disbursement this Period: 5.00

Memo Item

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

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: KARITA MATTILA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB15144

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FINKENAUER FOR CONGRESS

Mailing Address P.O. BOX 598

City DUBUQUE State IA Zip Code 52004

Purpose of Disbursement
ERMK: STUART CERULLO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FINKENAUER, ABBY, , ,

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

State: IA District: 01

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C00637074**
Transaction ID : **EXPB15116**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ETSY, ELIZABETH, , ,

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

State: CT District: 05

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C00494203**
Transaction ID : **EXPB15110**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

State: WA District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C00349506**
Transaction ID : **EXPB15126**
Amount of Each Disbursement this Period: 10.00

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: KARITA MATTILA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2017

FEC Identification Number

C C00349506

Transaction ID : EXPB15127

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2017

FEC Identification Number

C C00420760

Transaction ID : EXPB15130

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2017

FEC Identification Number

C C00413914

Transaction ID : EXPB15108

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

25.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB15128 Amount of Each Disbursement this Period 10.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB15129 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 000505552 Transaction ID : EXPB15119 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: HONOR FULLERTON STONE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

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

1015.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15120 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: DEBORAH WEXLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15121 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: NANCY LEAVENS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15134 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15135 Amount of Each Disbursement this Period 10.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15136 Amount of Each Disbursement this Period 5.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: PATRICIA MARTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15137 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: AMANDA SIEGFRIED-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

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

1015.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB15138 Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: NICOLE AMUNDSEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. JACKIE SPEIER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address P.O. BOX 112		FEC Identification Number C00443705 Transaction ID : EXPB15109 Amount of Each Disbursement this Period 5.00
City BURLINGAME	State CA	Zip Code 94011
Purpose of Disbursement ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name SPEIER, JACKIE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 14	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KATHLEEN RICE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address PO BOX 744		FEC Identification Number C00555813 Transaction ID : EXPB15113 Amount of Each Disbursement this Period 5.00
City MINEOLA	State NY	Zip Code 11501
Purpose of Disbursement ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name RICE, KATHLEEN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 04	<input type="checkbox"/> Memo Item

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

1010.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C00431353**
Transaction ID : EXPB15131
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MALONEY, CAROLYN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NY District: 12

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C00273169**
Transaction ID : EXPB15106
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C00577148**
Transaction ID : EXPB15145
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROBIN KELLY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 6953

M M M	/	D D D	/	Y Y Y Y Y
10		11		2017

City CHICAGO State IL Zip Code 60680

FEC Identification Number

Purpose of Disbursement
ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C C00539866

Candidate Name
KELLY, ROBIN, , ,

Transaction ID : EXPB15112

Amount of Each Disbursement this Period

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

5.00

Memo Item

B. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

M M M	/	D D D	/	Y Y Y Y Y
10		11		2017

City HENDERSON State NV Zip Code 89074

FEC Identification Number

Purpose of Disbursement
ERMK: STUART CERULLO-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C C00606939

Candidate Name
ROSEN, JACKY, , ,

Transaction ID : EXPB15115

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

5.00

Memo Item

C. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

M M M	/	D D D	/	Y Y Y Y Y
10		11		2017

City HENDERSON State NV Zip Code 89074

FEC Identification Number

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C C00606939

Candidate Name
ROSEN, JACKY, , ,

Transaction ID : EXPB15149

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

10.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: PHYLLIS FEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROSEN, JACKY, , ,

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

State: NV District: 03

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C00606939
Transaction ID : EXPB15150
Amount of Each Disbursement this Period: 50.00

Memo Item

B. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)
Mailing Address 1000 N. GREEN VALLEY PKWY #440-177

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement
ERMK: PATRICIA MARTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROSEN, JACKY, , ,

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

State: NV District: 03

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C00606939
Transaction ID : EXPB15151
Amount of Each Disbursement this Period: 5.00

Memo Item

C. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

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

State: MI District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB15124
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 65.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

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

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: PATRICIA MARTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C** C00344473
Transaction ID : **EXPB15125**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: SARAH DAWGERT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C** C00326801
Transaction ID : **EXPB15107**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C** C00326801
Transaction ID : **EXPB15122**
Amount of Each Disbursement this Period: 10.00

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: PATRICIA MARTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB15123

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: LISA LIDDLE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB15152

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

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

Candidate Name
HEITKAMP, HEIDI, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB15153

Amount of Each Disbursement this Period

1700.00

Memo Item

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

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

2705.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

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

Candidate Name
HEITKAMP, HEIDI, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2017

FEC Identification Number

C C00505552

Transaction ID : **EXPB15155**
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTING WOMEN BAY AREA PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: JANET REILLY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN BAY AREA PAC

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

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C C00585687

Transaction ID : **EXPB15221**
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: FLO BRODLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

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

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C C00500843

Transaction ID : **EXPB15258**
Amount of Each Disbursement this Period

5.00

Memo Item

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

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

2005.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB15259 Amount of Each Disbursement this Period 25.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: PHYLLIS FEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB15260 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: SUE SAUVAGEAU-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB15261 Amount of Each Disbursement this Period 10.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: PRISCILLA MAROTTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

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

40.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB15270 Amount of Each Disbursement this Period 1000.00
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: SHEILA SCHROEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name CANTWELL, MARIA, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAZIE HIRONO		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 677		FEC Identification Number C00420760 Transaction ID : EXPB15254 Amount of Each Disbursement this Period 5.00
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: FLO BRODLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HIRONO, MAZIE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District:	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAZIE HIRONO		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 677		FEC Identification Number C00420760 Transaction ID : EXPB15255 Amount of Each Disbursement this Period 25.00
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement ERMK: PHYLLIS FEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HIRONO, MAZIE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI	District:	

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

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

1030.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO

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

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: SUE SAUVAGEAU-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

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

State: HI District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB15256
Amount of Each Disbursement this Period: 5.00

Memo Item

B. FRIENDS OF MAZIE HIRONO

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

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: PRISCILLA MAROTTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

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

State: HI District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB15257
Amount of Each Disbursement this Period: 10.00

Memo Item

C. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: FLO BRODLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

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

State: ND District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB15262
Amount of Each Disbursement this Period: 5.00

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: PHYLLIS FEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President
State: ND District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB15263

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: SUE SAUVAGEAU-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President
State: ND District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB15264

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. HEIDI FOR SENATE

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: SHEILA SCHROEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President
State: ND District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C C00505552

Transaction ID : EXPB15271

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

1030.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: FLO BRODLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 26 / 2017

FEC Identification Number
C C00577148
Transaction ID : EXPB15265
Amount of Each Disbursement this Period
5.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: PHYLLIS FEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 26 / 2017

FEC Identification Number
C C00577148
Transaction ID : EXPB15266
Amount of Each Disbursement this Period
25.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: SUE SAUVAGEAU-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 26 / 2017

FEC Identification Number
C C00577148
Transaction ID : EXPB15267
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

35.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: PRISCILLA MAROTTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

State: MO District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: **C** C00577148
Transaction ID : EXPB15268
Amount of Each Disbursement this Period: 10.00

Memo Item

B. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: SHEILA SCHROEDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

State: WI District:

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: **C** C00326801
Transaction ID : EXPB15269
Amount of Each Disbursement this Period: 1000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1010.00
TOTAL This Period (last page this line number only).....▶	21975.00

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14429
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14495
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14433
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 10.00
		<input type="checkbox"/> Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14432
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14494
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14430
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 10.00
<input type="checkbox"/> Memo Item		

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

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

20.00
[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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB14431
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TURPIN, CHERYL, , ,		
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: VA	District: 85	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14497
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14496
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14438 Amount of Each Disbursement this Period 10.00
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14434 Amount of Each Disbursement this Period 5.00
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14436 Amount of Each Disbursement this Period 5.00
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14435 Amount of Each Disbursement this Period 10.00
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB14437 Amount of Each Disbursement this Period 5.00
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name CROWLEY, SHIELA, , ,		
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: VA	District: 98	
Memo Item <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) C. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB14498 Amount of Each Disbursement this Period 1000.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: TERRY WINOGRAD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name GUZMAN, ELIZABETH, , ,		
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: VA	District: 31	
Memo Item <input type="checkbox"/>		

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

1015.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

FEC Identification Number

C

Transaction ID : **EXPB14499**
Amount of Each Disbursement this Period

5.00

Memo Item

Office Sought: House
 Senate
 President
State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

FEC Identification Number

C

Transaction ID : **EXPB14442**
Amount of Each Disbursement this Period

5.00

Memo Item

Office Sought: House
 Senate
 President
State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

FEC Identification Number

C

Transaction ID : **EXPB14500**
Amount of Each Disbursement this Period

5.00

Memo Item

Office Sought: House
 Senate
 President
State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB14439
Amount of Each Disbursement this Period
5.00

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB14443
Amount of Each Disbursement this Period
10.00

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement
ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB14440
Amount of Each Disbursement this Period
10.00

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

Memo Item

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

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

25.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	7

Mailing Address PO BOX 1818

FEC Identification Number

C [Redacted]

Transaction ID : **EXPB14441**

Amount of Each Disbursement this Period

[Redacted] 5.00

Memo Item

City
WOODBIDGE

State
VA

Zip Code
22195

Purpose of Disbursement
ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
GUZMAN, ELIZABETH, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: VA District: 31

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANICA ROEM

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	7

Mailing Address PO BOX 726

FEC Identification Number

C [Redacted]

Transaction ID : **EXPB14501**

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item

City
MANASSAS

State
VA

Zip Code
20113

Purpose of Disbursement
ERMK: TERRY WINOGRAD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
ROEM, DANICA, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: VA District: 13

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	7

Mailing Address PO BOX 726

FEC Identification Number

C [Redacted]

Transaction ID : **EXPB14446**

Amount of Each Disbursement this Period

[Redacted] 5.00

Memo Item

City
MANASSAS

State
VA

Zip Code
20113

Purpose of Disbursement
ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
ROEM, DANICA, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: VA District: 13

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

[Redacted] 1010.00

[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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : EXPB14503
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : EXPB14445
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
State: VA District: 13

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : EXPB14502
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

20.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 13

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14447**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 13

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14448**
Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement
ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT
AFFECTED

24T
Category/
Type

Candidate Name
ROEM, DANICA, , ,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 13

Date of Disbursement
MM / DD / YYYY
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14444**
Amount of Each Disbursement this Period
5.00

Memo Item

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

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

20.00

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. JENNIFER CARROLL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB14504
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: TERRY WINOGRAD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CARROLL, JENNIFER, , ,		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: VA District: 02	Amount of Each Disbursement this Period 1000.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. JENNIFER CARROLL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB14505
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CARROLL, JENNIFER, , ,		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: VA District: 02	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. JENNIFER CARROLL FOY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 2715 MCGUFFEYS CT.		FEC Identification Number C [REDACTED] Transaction ID : EXPB14506
City WOODBIDGE	State CA	Zip Code 22191
Purpose of Disbursement ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CARROLL, JENNIFER, , ,		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: VA District: 02	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

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

1010.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

Mailing Address 2715 MCGUFFEYS CT.

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB14452**

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/Type

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

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

Mailing Address 2715 MCGUFFEYS CT.

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB14450**

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/Type

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

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROLL FOY FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

Mailing Address 2715 MCGUFFEYS CT.

FEC Identification Number

C [REDACTED]

Transaction ID : **EXPB14451**

Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Candidate Name
CARROLL, JENNIFER, , ,

Category/Type

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

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

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

[REDACTED] 20.00

[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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB14454
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB14453
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB14509
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

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

State: VA District: 67

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB14459
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB14458
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB14457
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KARRIE DELANEY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

Mailing Address PO BOX 230542

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB14455
Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

Mailing Address PO BOX 230542

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB14507
Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: TERRY WINOGRAD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

Mailing Address PO BOX 230542

FEC Identification Number

C [REDACTED]

Transaction ID : EXPB14456
Amount of Each Disbursement this Period

[REDACTED] 10.00

Memo Item

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 67

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1015.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KARRIE DELANEY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 230542		FEC Identification Number C [REDACTED] Transaction ID : EXPB14508
City CENTREVILLE	State VA	Zip Code 20120
Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name DELANEY, KARRIE, , ,		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: VA District: 67	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED] Transaction ID : EXPB14460
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name MURPHY, KATHLEEN, , ,		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: VA District: 34	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KATHLEEN MURPHY FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO BOX 146		FEC Identification Number C [REDACTED] Transaction ID : EXPB14462
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name MURPHY, KATHLEEN, , ,		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: VA District: 34	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. KATHLEEN MURPHY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement: 10 / 04 / 2017

Mailing Address: PO BOX 146

City: MCLEAN, State: VA, Zip Code: 22101

Purpose of Disbursement: ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Category/Type: 24T

FEC Identification Number: C [REDACTED]

Transaction ID: EXPB14463

Amount of Each Disbursement this Period: 5.00

Memo Item

B. KATHLEEN MURPHY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement: 10 / 04 / 2017

Mailing Address: PO BOX 146

City: MCLEAN, State: VA, Zip Code: 22101

Purpose of Disbursement: ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Category/Type: 24T

FEC Identification Number: C [REDACTED]

Transaction ID: EXPB14511

Amount of Each Disbursement this Period: 5.00

Memo Item

C. KATHLEEN MURPHY FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement: 10 / 04 / 2017

Mailing Address: PO BOX 146

City: MCLEAN, State: VA, Zip Code: 22101

Purpose of Disbursement: ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: MURPHY, KATHLEEN, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Category/Type: 24T

FEC Identification Number: C [REDACTED]

Transaction ID: EXPB14464

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C

Purpose of Disbursement
ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB14510

Candidate Name
MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought: House
 Senate
 President

State: VA District: 34

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. KATHLEEN MURPHY FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

Mailing Address PO BOX 146

City
MCLEAN

State
VA

Zip Code
22101

FEC Identification Number

C

Purpose of Disbursement
ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB14461

Candidate Name
MURPHY, KATHLEEN, , ,

Category/
Type

Amount of Each Disbursement this Period

10.00

Office Sought: House
 Senate
 President

State: VA District: 34

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. KATHY TRAN FOR DELEGATE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

Mailing Address PO BOX 2731

City
SPRINGFIELD

State
VA

Zip Code
22152

FEC Identification Number

C

Purpose of Disbursement
ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB14467

Candidate Name
TRAN, KATHY, , ,

Category/
Type

Amount of Each Disbursement this Period

5.00

Office Sought: House
 Senate
 President

State: VA District: 42

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: TERRY WINOGRAD-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

C
Transaction ID : EXPB14512
Amount of Each Disbursement this Period
1000.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

C
Transaction ID : EXPB14465
Amount of Each Disbursement this Period
5.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

C
Transaction ID : EXPB14466
Amount of Each Disbursement this Period
10.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1015.00

**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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

C
Transaction ID : EXPB14514
Amount of Each Disbursement this Period
5.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

C
Transaction ID : EXPB14469
Amount of Each Disbursement this Period
10.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

C. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement
ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/
Type

C
Transaction ID : EXPB14513
Amount of Each Disbursement this Period
5.00

Candidate Name
TRAN, KATHY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 2731

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City SPRINGFIELD State VA Zip Code 22152

FEC Identification Number

Purpose of Disbursement ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB14468

Candidate Name TRAN, KATHY, , ,

Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 42

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB14516

Candidate Name EDWARDS, MICHELLE, , ,

Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB14515

Candidate Name EDWARDS, MICHELLE, , ,

Amount of Each Disbursement this Period
5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
EDWARDS, MICHELLE, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14471**
Amount of Each Disbursement this Period
10.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
EDWARDS, MICHELLE, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14470**
Amount of Each Disbursement this Period
5.00

Memo Item

C. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
EDWARDS, MICHELLE, , ,

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2017

FEC Identification Number
C
Transaction ID : **EXPB14474**
Amount of Each Disbursement this Period
10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

25.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C

Transaction ID : EXPB14473

Candidate Name
EDWARDS, MICHELLE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

5.00

Memo Item

B. MICHELLE FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 112 BELL CREEK DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City STAUNTON State VA Zip Code 24401

FEC Identification Number

Purpose of Disbursement
ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C

Transaction ID : EXPB14472

Candidate Name
EDWARDS, MICHELLE, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 20

5.00

Memo Item

C. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 9468 MANORWOOD DRIVE

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

City MECHANICSVILLE State VA Zip Code 23116

FEC Identification Number

Purpose of Disbursement
ERMK: CATHERINE WYLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C

Transaction ID : EXPB14518

Candidate Name
GOODMAN, MORGAN, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 55

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

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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 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)
WOMENCOUNT PAC

A. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: JOHN CHRISTIN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 55

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14479**

Amount of Each Disbursement this Period: 10.00

Memo Item

B. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: JOAN RHODE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 55

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14478**

Amount of Each Disbursement this Period: 5.00

Memo Item

C. MORGAN GOODMAN FOR VIRGINIA

Full Name (Last, First, Middle Initial)

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 55

Date of Disbursement: 10 / 04 / 2017

FEC Identification Number: C

Transaction ID : **EXPB14517**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14475
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: BARBARA JAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/ Type
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 5.00
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: VA	District: 55	

Full Name (Last, First, Middle Initial) B. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14476
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: KATHLEEN DILLON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/ Type
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 10.00
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: VA	District: 55	

Full Name (Last, First, Middle Initial) C. MORGAN GOODMAN FOR VIRGINIA		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address 9468 MANORWOOD DRIVE		FEC Identification Number C [REDACTED] Transaction ID : EXPB14477
City MECHANICSVILLE	State VA	Zip Code 23116
Purpose of Disbursement ERMK: STEPHANIE COZZI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/ Type
Candidate Name GOODMAN, MORGAN, , ,		Amount of Each Disbursement this Period 5.00
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: VA	District: 55	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.00

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 18 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB15181
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/Type
Candidate Name ADAMS, DAWN, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: District: 68	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 18 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB15182
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/Type
Candidate Name ADAMS, DAWN, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: District: 68	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 18 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB15180
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		<input type="checkbox"/> 24T Category/Type
Candidate Name ADAMS, DAWN, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: District: 68	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. ADAMS4DELEGATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 25331

City RICHMOND State VA Zip Code 23260

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ADAMS, DAWN, , ,

Office Sought: House Senate President
State: District: 68

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C
Transaction ID : EXPB15179
Amount of Each Disbursement this Period: 15.00

Memo Item

B. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 7434

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: CRISTINA SPENCER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
AYALA, HALA, , ,

Office Sought: House Senate President
State: VA District: 51

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C
Transaction ID : EXPB15190
Amount of Each Disbursement this Period: 166.65

Memo Item

C. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 7434

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
AYALA, HALA, , ,

Office Sought: House Senate President
State: VA District: 51

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C
Transaction ID : EXPB15193
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 186.65

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)
WOMENCOUNT PAC

A. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Date of Disbursement: 10 / 18 / 2017

Mailing Address P.O. BOX 7434

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15194

Amount of Each Disbursement this Period: 5.00

Memo Item

B. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Date of Disbursement: 10 / 18 / 2017

Mailing Address P.O. BOX 7434

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15191

Amount of Each Disbursement this Period: 15.00

Memo Item

C. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)
AYALA FOR DELGATE

Date of Disbursement: 10 / 18 / 2017

Mailing Address P.O. BOX 7434

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: AYALA, HALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15192

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 10 / 18 / 2017

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: **GUZMAN, ELIZABETH, , ,** Category/Type: 24T

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

FEC Identification Number: C
Transaction ID: **EXPB15165**
Amount of Each Disbursement this Period: 5.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 10 / 18 / 2017

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: **GUZMAN, ELIZABETH, , ,** Category/Type: 24T

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

FEC Identification Number: C
Transaction ID: **EXPB15164**
Amount of Each Disbursement this Period: 5.00

Memo Item

C. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Date of Disbursement: 10 / 18 / 2017

Mailing Address PO BOX 1818

City: WOODBRIDGE State: VA Zip Code: 22195

Purpose of Disbursement: ERMK: CRISTINA SPENCER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name: **GUZMAN, ELIZABETH, , ,** Category/Type: 24T

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

FEC Identification Number: C
Transaction ID: **EXPB15162**
Amount of Each Disbursement this Period: 166.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 176.67

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)
WOMENCOUNT PAC

A. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
10		18		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15157

Candidate Name GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

200.00

Memo Item

B. ELIZABETH GUZMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1818

M M M	/	D D D	/	Y Y Y Y Y
10		18		2017

City WOODBRIDGE State VA Zip Code 22195

FEC Identification Number

Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15163

Candidate Name GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 31

15.00

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 726

M M M	/	D D D	/	Y Y Y Y Y
10		18		2017

City MANASSAS State VA Zip Code 20113

FEC Identification Number

Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T
Category/Type

C
Transaction ID : EXPB15158

Candidate Name ROEM, DANICA, , ,

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

200.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

415.00

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)
WOMENCOUNT PAC

A. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: CRISTINA SPENCER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **ROEM, DANICA, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15166
Amount of Each Disbursement this Period

Memo Item

B. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **ROEM, DANICA, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15168
Amount of Each Disbursement this Period

Memo Item

C. FRIENDS OF DANICA ROEM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **ROEM, DANICA, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15167
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DANICA ROEM

Mailing Address PO BOX 726

City MANASSAS State VA Zip Code 20113

Purpose of Disbursement ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **ROEM, DANICA, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 13

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15169**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **GOODITIS, WENDY, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15185**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name **GOODITIS, WENDY, , ,**

24T
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement
M M / D D / Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15184**
Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODITIS, WENDY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15183
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15177
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15159
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15176
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: CRISTINA SPENCER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15174
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15178
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15175
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15156
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement ERMK: CRISTINA SPENCER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **DELANEY, KARRIE, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 67

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15161
 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
WOMENCOUNT PAC

A. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 10 / 18 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: CRISTINA SPENCER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15186

Amount of Each Disbursement this Period: 166.67

Memo Item

B. KATHY TRAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
KATHY TRAN FOR DELEGATE

Date of Disbursement: 10 / 18 / 2017

Mailing Address: PO BOX 2731

City: SPRINGFIELD State: VA Zip Code: 22152

Purpose of Disbursement: ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: TRAN, KATHY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 42

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15160

Amount of Each Disbursement this Period: 200.00

Memo Item

C. KELLY FOWLER FOR DELEGATE

Full Name (Last, First, Middle Initial)
KELLY FOWLER FOR DELEGATE

Date of Disbursement: 10 / 18 / 2017

Mailing Address: PO BOX 6769

City: VIRGINIA BEACH State: VA Zip Code: 23456

Purpose of Disbursement: ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: FOWLER, KELLY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 21

Category/Type: 24T

FEC Identification Number: C

Transaction ID: EXPB15170

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 381.67

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KELLY FOWLER FOR DELEGATE

Mailing Address PO BOX 6769

City VIRGINIA BEACH State VA Zip Code 23456

Purpose of Disbursement ERMK: ANNE HENDREN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FOWLER, KELLY, , ,

Office Sought: House Senate President
State: VA District: 21

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number

C

Transaction ID : **EXPB15171**
Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KELLY FOWLER FOR DELEGATE

Mailing Address PO BOX 6769

City VIRGINIA BEACH State VA Zip Code 23456

Purpose of Disbursement ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FOWLER, KELLY, , ,

Office Sought: House Senate President
State: VA District: 21

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number

C

Transaction ID : **EXPB15173**
Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KELLY FOWLER FOR DELEGATE

Mailing Address PO BOX 6769

City VIRGINIA BEACH State VA Zip Code 23456

Purpose of Disbursement ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FOWLER, KELLY, , ,

Office Sought: House Senate President
State: VA District: 21

Disbursement For: Primary General Other (specify) ▼

24T
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2017

FEC Identification Number

C

Transaction ID : **EXPB15172**
Amount of Each Disbursement this Period

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. RODMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Mailing Address 6744 WILBER CIRCLE

City HENRICO State VA Zip Code 23228

Purpose of Disbursement
ERMK: ANNE KOLLENDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
RODMAN, DEBRA, , ,

Office Sought: House Senate President
State: VA District: 73

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15188
Amount of Each Disbursement this Period: 5.00

Memo Item

B. RODMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Mailing Address 6744 WILBER CIRCLE

City HENRICO State VA Zip Code 23228

Purpose of Disbursement
ERMK: MARIA FRANTZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
RODMAN, DEBRA, , ,

Office Sought: House Senate President
State: VA District: 73

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15187
Amount of Each Disbursement this Period: 15.00

Memo Item

C. RODMAN FOR DELEGATE

Full Name (Last, First, Middle Initial)
Mailing Address 6744 WILBER CIRCLE

City HENRICO State VA Zip Code 23228

Purpose of Disbursement
ERMK: CAROLE MERRITT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
RODMAN, DEBRA, , ,

Office Sought: House Senate President
State: VA District: 73

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 18 / 2017

FEC Identification Number: C [REDACTED]
Transaction ID : EXPB15189
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB15211
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ADAMS, DAWN, , ,		Amount of Each Disbursement this Period 10.00
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) ▼	
State: District: 68	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB15226
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ADAMS, DAWN, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: District: 68	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ADAMS4DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 25331		FEC Identification Number C [REDACTED] Transaction ID : EXPB15248
City RICHMOND	State VA	Zip Code 23260
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ADAMS, DAWN, , ,		Amount of Each Disbursement this Period 50.00
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) ▼	
State: District: 68	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	65.00
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)
WOMENCOUNT PAC

A. ADAMS4DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 25331

City RICHMOND State VA Zip Code 23260

Purpose of Disbursement ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **ADAMS, DAWN, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District: 68

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15209**

Amount of Each Disbursement this Period: 5.00

Memo Item

B. ADAMS4DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 25331

City RICHMOND State VA Zip Code 23260

Purpose of Disbursement ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **ADAMS, DAWN, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District: 68

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15210**

Amount of Each Disbursement this Period: 5.00

Memo Item

C. AYALA FOR DELGATE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7434

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name **AYALA, HALA, , ,** Category/Type **24T**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: VA District: 51

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15253**

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB15252 Amount of Each Disbursement this Period 50.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T Category/Type
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB15218 Amount of Each Disbursement this Period 5.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T Category/Type
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB15229 Amount of Each Disbursement this Period 5.00
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T Category/Type
Candidate Name AYALA, HALA, , ,		
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: VA	District: 51	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	60.00
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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB15219
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AYALA FOR DELGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address P.O. BOX 7434		FEC Identification Number C [REDACTED] Transaction ID : EXPB15220
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name AYALA, HALA, , ,		Amount of Each Disbursement this Period 10.00
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) ▼	
State: VA District: 51	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHERYL TURPIN FOR VIRGINIA BEACH		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 4540 PRINCESS ANNE ROAD SUITE 114 #189		FEC Identification Number C [REDACTED] Transaction ID : EXPB15232
City VIRGINIA BEACH	State VA	Zip Code 23462
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type 24T
Candidate Name TURPIN, CHERYL, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: VA District: 85	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. CROWLEYFORVA98TH		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 298		FEC Identification Number C [REDACTED] Transaction ID : EXPB15239
City PORT HAYWOOD	State VA	Zip Code 23138
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name CROWLEY, SHIELA, , ,		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: VA	District: 98	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB15198
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GUZMAN, ELIZABETH, , ,		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: VA	District: 31	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH GUZMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 1818		FEC Identification Number C [REDACTED] Transaction ID : EXPB15233
City WOODBIDGE	State VA	Zip Code 22195
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name GUZMAN, ELIZABETH, , ,		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: VA	District: 31	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15199**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15241**

Amount of Each Disbursement this Period: 50.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ELIZABETH GUZMAN FOR DELEGATE

Mailing Address PO BOX 1818

City WOODBRIDGE State VA Zip Code 22195

Purpose of Disbursement
ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GUZMAN, ELIZABETH, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15197**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 65.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15222

Candidate Name
GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

[REDACTED] 5.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Memo Item

Full Name (Last, First, Middle Initial)

B. ELIZABETH GUZMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

Mailing Address PO BOX 1818

City
WOODBIDGE

State
VA

Zip Code
22195

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15242

Candidate Name
GUZMAN, ELIZABETH, , ,

Amount of Each Disbursement this Period

[REDACTED] 15.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 31

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DANICA ROEM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

Mailing Address PO BOX 726

City
MANASSAS

State
VA

Zip Code
20113

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

Transaction ID : EXPB15243

Candidate Name
ROEM, DANICA, , ,

Amount of Each Disbursement this Period

[REDACTED] 50.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: 13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 70.00

[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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: VA District: 13	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 15.00
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) ▼	
State: VA District: 13	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name ROEM, DANICA, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: VA District: 13	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name ROEM, DANICA, , ,		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: VA District: 13	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name ROEM, DANICA, , ,		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: VA District: 13	Amount of Each Disbursement this Period 10.00	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. FRIENDS OF DANICA ROEM		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 726		FEC Identification Number C [REDACTED]
City MANASSAS	State VA	Zip Code 20113
Purpose of Disbursement ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name ROEM, DANICA, , ,		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: VA District: 13	Amount of Each Disbursement this Period 5.00	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement
ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
GOODITIS, WENDY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement
MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15213**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement
ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODITIS, WENDY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement
MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15212**
Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODITIS, WENDY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 10

Date of Disbursement
MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number
C
Transaction ID : **EXPB15249**
Amount of Each Disbursement this Period
50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODITIS, WENDY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15214**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF WENDY GOODITIS

Mailing Address 239 MT. PROSPECT LANE

City BOYCE State VA Zip Code 22620

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODITIS, WENDY, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15227**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15207**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15206
 Amount of Each Disbursement this Period
 [] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15246
 Amount of Each Disbursement this Period
 [] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City: WOODBRIDGE State: CA Zip Code: 22191

Purpose of Disbursement: ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name: **CARROLL, JENNIFER, , ,**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: VA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2017

FEC Identification Number

C []
Transaction ID : EXPB15208
 Amount of Each Disbursement this Period
 [] 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 65.00

**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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15235
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15247
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. JENNIFER CARROLL FOY FOR DELEGATE

Mailing Address 2715 MCGUFFEYS CT.

City WOODBRIDGE State CA Zip Code 22191

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CARROLL, JENNIFER, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : EXPB15225
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : EXPB15231

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KARRIE DELANEY FOR DELEGATE

Mailing Address PO BOX 230542

City CENTREVILLE State VA Zip Code 20120

Purpose of Disbursement
ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DELANEY, KARRIE, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 67

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : EXPB15240

Amount of Each Disbursement this Period: 15.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KATHLEEN MURPHY FOR DELEGATE

Mailing Address PO BOX 146

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MURPHY, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: VA District: 34

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : EXPB15230

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED] Transaction ID : EXPB15236
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TRAN, KATHY, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: VA District: 42	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KATHY TRAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 2731		FEC Identification Number C [REDACTED] Transaction ID : EXPB15250
City SPRINGFIELD	State VA	Zip Code 22152
Purpose of Disbursement ERMK: MARA WALLACE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name TRAN, KATHY, , ,		Amount of Each Disbursement this Period 15.00
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) ▼	
State: VA District: 42	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. KELLY FOWLER FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address PO BOX 6769		FEC Identification Number C [REDACTED] Transaction ID : EXPB15204
City VIRGINIA BEACH	State VA	Zip Code 23456
Purpose of Disbursement ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type 24T
Candidate Name FOWLER, KELLY, , ,		Amount of Each Disbursement this Period 5.00
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) ▼	
State: VA District: 21	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
WOMENCOUNT PAC

A. KELLY FOWLER FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 6769

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

City
VIRGINIA BEACH

State
VA

Zip Code
23456

FEC Identification Number

Purpose of Disbursement
ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : **EXPB15245**

Candidate Name

FOWLER, KELLY, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

50.00

State: VA District: 21

Memo Item

B. KELLY FOWLER FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 6769

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

City
VIRGINIA BEACH

State
VA

Zip Code
23456

FEC Identification Number

Purpose of Disbursement
ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : **EXPB15203**

Candidate Name

FOWLER, KELLY, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5.00

State: VA District: 21

Memo Item

C. KELLY FOWLER FOR DELEGATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 6769

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

City
VIRGINIA BEACH

State
VA

Zip Code
23456

FEC Identification Number

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

24T

C

Transaction ID : **EXPB15224**

Candidate Name

FOWLER, KELLY, , ,

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

5.00

State: VA District: 21

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

60.00

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)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KELLY FOWLER FOR DELEGATE

Mailing Address PO BOX 6769

City VIRGINIA BEACH State VA Zip Code 23456

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FOWLER, KELLY, , ,

Office Sought: House Senate President
State: VA District: 21

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15205**

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MICHELLE FOR DELEGATE

Mailing Address 112 BELL CREEK DRIVE

City STAUNTON State VA Zip Code 24401

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
EDWARDS, MICHELLE, , ,

Office Sought: House Senate President
State: VA District: 20

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15237**

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MORGAN GOODMAN FOR VIRGINIA

Mailing Address 9468 MANORWOOD DRIVE

City MECHANICSVILLE State VA Zip Code 23116

Purpose of Disbursement
ERMK: SUKIE STANLEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GOODMAN, MORGAN, , ,

Office Sought: House Senate President
State: VA District: 55

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2017

FEC Identification Number: C

Transaction ID : **EXPB15238**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. RODMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 6744 WILBER CIRCLE		FEC Identification Number C [REDACTED]
City HENRICO	State VA	Zip Code 23228
Purpose of Disbursement ERMK: LUCINDA AGRE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name RODMAN, DEBRA, , ,		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: VA	District: 73	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. RODMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 6744 WILBER CIRCLE		FEC Identification Number C [REDACTED]
City HENRICO	State VA	Zip Code 23228
Purpose of Disbursement ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name RODMAN, DEBRA, , ,		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: VA	District: 73	Amount of Each Disbursement this Period 5.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. RODMAN FOR DELEGATE		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017
Mailing Address 6744 WILBER CIRCLE		FEC Identification Number C [REDACTED]
City HENRICO	State VA	Zip Code 23228
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		24T
Candidate Name RODMAN, DEBRA, , ,		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: VA	District: 73	Amount of Each Disbursement this Period 50.00
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. RODMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

Mailing Address 6744 WILBER CIRCLE

City HENRICO State VA Zip Code 23228

FEC Identification Number

C []

Purpose of Disbursement
ERMK: THERESA PAGAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
RODMAN, DEBRA, , ,

24T
Category/
Type

Transaction ID : EXPB15217
Amount of Each Disbursement this Period

[] 10.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 73

Memo Item

Full Name (Last, First, Middle Initial)
B. RODMAN FOR DELEGATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2017

Mailing Address 6744 WILBER CIRCLE

City HENRICO State VA Zip Code 23228

FEC Identification Number

C []

Purpose of Disbursement
ERMK: CAROL MUKHOPADHYAY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
RODMAN, DEBRA, , ,

24T
Category/
Type

Transaction ID : EXPB15228
Amount of Each Disbursement this Period

[] 5.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: VA District: 73

Memo Item

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City State Zip Code

FEC Identification Number

C []

Purpose of Disbursement
Candidate Name

[]
Category/
Type

Amount of Each Disbursement this Period

[]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 15.00

TOTAL This Period (last page this line number only)..... ▶

[] 8743.33

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 259 OF 262
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HANSON BRIDGETT LLP			Nature of Debt (Purpose): LEGAL AND COMPLIANCE
Mailing Address 425 MARKET STREET, 26TH FLOOR			
City SAN FRANCISCO	State CA	Zip Code 94105	

Outstanding Balance Beginning This Period <input type="text" value="1305.00"/>	Transaction ID : PAYD3367	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1305.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="1731.87"/>	Transaction ID : PAYD11385	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1731.87"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="2501.05"/>	Transaction ID : PAYD12409	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2501.05"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5537.92"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 260 OF 262
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 2348.33	Transaction ID : PAYD13599	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2348.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 1132.50	Transaction ID : PAYD13600	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1132.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 1282.50	Transaction ID : PAYD12795	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1282.50

1) SUBTOTALS This Period This Page (optional)..... ▶	4763.33
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 261 OF 262
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 963.75	Transaction ID : PAYD13601	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 963.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period 851.25	Transaction ID : PAYD14704	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 851.25

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) SUBTOTALS This Period This Page (optional)..... ▶	1815.00
2) TOTALS This Period (last page this line number only)..... ▶	12116.25
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	12116.25

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : PAYD14704

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

Form/Schedule:

Transaction ID: