

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO BOX 72861 MARIETTA GA 30007 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00616912 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

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

Signature of Treasurer Kremer, Amy, , , [Electronically Filed] Date 07 / 31 / 2019

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**WOMEN VOTE SMART**

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="2019"/>	<input type="text" value="2281.54"/>	<input type="text" value="2281.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2281.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="128775.96"/>	<input type="text" value="128775.96"/>
(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="131057.50"/>	<input type="text" value="131057.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="120521.75"/>	<input type="text" value="120521.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10535.75"/>	<input type="text" value="10535.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**WOMEN VOTE SMART**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1622.01	1622.01
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	127153.95	127153.95
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)).....▶	128775.96	128775.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	128775.96	128775.96

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	3304.00	3304.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	117217.75	117217.75
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)) ..	120521.75	120521.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120521.75	120521.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1622.01	1622.01
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 1622.01	- 1622.01

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
**WOMEN VOTE SMART**

**A. Delta Airlines**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 20706

City Atlanta	State GA	Zip Code 30320
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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 ▼  
353.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2019

**Transaction ID : SA15.6263**

Amount of Each Receipt this Period  
353.00

Memo Item  
Travel Refund

**B. Delta Airlines**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 20706

City Atlanta	State GA	Zip Code 30320
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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 ▼  
496.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2019

**Transaction ID : SA15.6264**

Amount of Each Receipt this Period  
143.00

Memo Item  
Travel Refund

**C. Delta Airlines**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. Box 20706

City Atlanta	State GA	Zip Code 30320
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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 ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2019

**Transaction ID : SA15.6265**

Amount of Each Receipt this Period  
344.00

Memo Item  
Travel Refund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	840.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Delta Airlines**

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

Mailing Address P.O. Box 20706

City Atlanta	State GA	Zip Code 30320
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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 ▼  
1202.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2019

**Transaction ID : SA15.6268**

Amount of Each Receipt this Period  
362.30

Memo Item  
Travel Refund

**B. Hilton Hotels**

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

Mailing Address 207 SW Greenville Blvd. SW.

City Greenville	State NC	Zip Code 27834
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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 ▼  
893.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2019

**Transaction ID : SA15.6276**

Amount of Each Receipt this Period  
893.89

Memo Item  
Hotel Refund

**C. Kranson, Patrick, , ,**

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

Mailing Address 700 Pennsylvania Ave SE  
2nd Floor

City Washington	State DC	Zip Code 20003
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2019

**Transaction ID : SA15.6253**

Amount of Each Receipt this Period  
500.00

Memo Item  
Vendor Refund

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1756.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. SunTrust Bank</b>		Date of Receipt
Mailing Address P.O. Box 305183		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2019"/>
City Nashville	State TN	Zip Code 37230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA15.6281</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="38.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Bank Fee Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="215.61"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. SunTrust Bank</b>		Date of Receipt
Mailing Address P.O. Box 305183		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2019"/>
City Nashville	State TN	Zip Code 37230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA15.6282</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="38.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Bank Fee Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="253.61"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. SunTrust Bank</b>		Date of Receipt
Mailing Address P.O. Box 305183		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2019"/>
City Nashville	State TN	Zip Code 37230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA15.6283</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="0.02"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Bank Fee Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="253.63"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="76.02"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. WOMEN VOTE SMART**

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

Mailing Address PO BOX 72861

City MARIETTA	State GA	Zip Code 30007
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FEC ID number of contributing federal political committee. **C** C00616912

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
- 1604.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		01		2019

**Transaction ID : SA15.4100**

Amount of Each Receipt this Period  

- 1604.00
-----------

 Memo Item  
 Audit Adjustment for Cash On Hand Discrepancy - Year End Report

**B.**

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

Mailing Address

City	State	Zip Code
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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  

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 Memo Item

**C.**

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

Mailing Address

City	State	Zip Code
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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  

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	- 1604.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1068.21

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. America First Policies INC</b>		Date of Receipt
Mailing Address 138 Conant Street 2nd Floor		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2019"/>
City Beverly	State MA	Zip Code 01915-0000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4122</b>
Name of Employer (for Individual) America First Policies INC		Amount of Each Receipt this Period <input type="text" value="450.74"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.74"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Azevedo, Bruce, , ,</b>		Date of Receipt
Mailing Address 216 Brush Creek Road		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City Colbert	State GA	Zip Code 30628
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.5101</b>
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bates, Stephen, , ,</b>		Date of Receipt
Mailing Address 2610 Occidental Drive		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2019"/>
City Vienna	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.4957</b>
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="950.74"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Brannan, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1811 Park Drive  
 City Columbus State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PMB Broadcasting, LLC Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 15 / 2019**  
**Transaction ID : SA17.5103**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. cantin, julie, , ,**  
 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 ▼ 268.48

Date of Receipt **02 / 28 / 2019**  
**Transaction ID : SA17.4370**  
 Amount of Each Receipt this Period 134.24  
 Memo Item

**C. Chadwick, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 688 Hwy 70 otway  
 City beaufort State NC Zip Code 28516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) business owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 14 / 2019**  
**Transaction ID : SA17.5038**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1384.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Chinouth, Jordan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3651 Mars Hill Road  
 City Watkinsville State GA Zip Code 30677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 17 / 2019**  
**Transaction ID : SA17.5093**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Comer, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Wetherington Landing Road  
 City Stella State NC Zip Code 28582  
 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 ▼ 3000.00

Date of Receipt **06 / 24 / 2019**  
**Transaction ID : SA17.5025**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**C. Cruikshank, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47-255 W. Eldorado Dr  
 City Indian Wells State CA Zip Code 92210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2019**  
**Transaction ID : SA17.5672**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Cummings, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13800 East 87th Court North  
 City Owasso State OK Zip Code 74055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 10 / 2019**  
**Transaction ID : SA17.4627**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Cummings, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13800 East 87th Court North  
 City Owasso State OK Zip Code 74055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 11 / 2019**  
**Transaction ID : SA17.4684**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cummings, Gordon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13800 East 87th Court North  
 City Owasso State OK Zip Code 74055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 04 / 2019**  
**Transaction ID : SA17.4831**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Cummings, Gordon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13800 East 87th Court North  
 City Owasso State OK Zip Code 74055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **06 / 10 / 2019**  
**Transaction ID : SA17.5061**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. DeBrocke Carlson, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5016 Sawgrass Lake Circle  
 City Leesburg State FL Zip Code 34748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 28 / 2019**  
**Transaction ID : SA17.5090**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. DeBrocke Carlson, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5016 Sawgrass Lake Circle  
 City Leesburg State FL Zip Code 34748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 28 / 2019**  
**Transaction ID : SA17.5017**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Drake, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 McKinney Avenue  
 2412  
 City Dallas State TX Zip Code 75201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 11 / 2019  
**Transaction ID : SA17.4605**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. EventBrite**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 5th Street  
 7th Floor  
 City San Francisco State CA Zip Code 94103  
 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 ▼ 805.00

Date of Receipt 06 / 06 / 2019  
**Transaction ID : SA17.6918**  
 Amount of Each Receipt this Period 805.00  
 Memo Item  
 Underlying contributor data currently unavailable

**C. EventBrite**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 5th Street  
 7th Floor  
 City San Francisco State CA Zip Code 94103  
 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 ▼ 1165.00

Date of Receipt 06 / 13 / 2019  
**Transaction ID : SA17.6920**  
 Amount of Each Receipt this Period 360.00  
 Memo Item  
 Underlying contributor data currently unavailable

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. EventBrite</b>		Date of Receipt
Mailing Address 155 5th Street 7th Floor		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2019"/>
City San Francisco	State CA	Zip Code 94103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.6922</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="420.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Underlying contributor data currently unavailable
Aggregate Year-to-Date ▼ <input type="text" value="1585.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Frost, Brant, , ,</b>		Date of Receipt
Mailing Address 27 Velma Drive		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2019"/>
City Newnan	State GA	Zip Code 30263
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.5105</b>
Name of Employer (for Individual) FLC		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Loan Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gladstone, Lorna, , ,</b>		Date of Receipt
Mailing Address 1161 Crest Lane		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2019"/>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA17.6100</b>
Name of Employer (for Individual) retired		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) none		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1170.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Gleeson, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 N Hickory Ave  
 City Arlington Heights State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 04 / 2019**  
**Transaction ID : SA17.5491**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Godley, kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 1208  
 City Davidson State NC Zip Code 28036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) real estate Occupation (for Individual) self  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 11 / 2019**  
**Transaction ID : SA17.5865**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Golt, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5158 Candlewood Street 17D  
 City Lakewood State CA Zip Code 90712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lipstick Bail Occupation (for Individual) Investigator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 10 / 2019**  
**Transaction ID : SA17.4649**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Goodyear, Priscilla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10042 Signet Circle  
 City Huntington Beach State CA Zip Code 92646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 10 / 2019**  
**Transaction ID : SA17.5060**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Grubb, Wagner, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Kenilworth Road  
 City Greenville State NC Zip Code 27858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 14 / 2019**  
**Transaction ID : SA17.4208**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Harvell, Jimmy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 367 Knollwood Dr  
 City Anderson State SC Zip Code 29625  
 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 ▼ 2500.00

Date of Receipt **02 / 05 / 2019**  
**Transaction ID : SA17.4865**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Hunt, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 Harding Place  
 City Nashville State TN Zip Code 37205  
 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 ▼ 400.00

Date of Receipt **02 / 11 / 2019**  
**Transaction ID : SA17.5157**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Joyce Properties, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 190  
 City Newport State NC Zip Code 28570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Joyce Properties, LLC Construction Company  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 14 / 2019**  
**Transaction ID : SA17.4204**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. M, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address LaSarge  
 City Traverse City State MI Zip Code 49684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Estate Manager LaSarge Lake & Home Srvc LLC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 06 / 2019**  
**Transaction ID : SA17.5369**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

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

Mailing Address

City State Zip Code  
34786

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 ▼  
323.16

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2019

**Transaction ID : SA17.4543**

Amount of Each Receipt this Period  
323.16

Memo Item

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

Mailing Address

City State Zip Code  
WEST HOLLYWOOD CA 90069

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 ▼  
266.85

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2019

**Transaction ID : SA17.4549**

Amount of Each Receipt this Period  
266.85

Memo Item

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

Mailing Address 9610 Hillview Dr

City State Zip Code  
Dallas TX 75231

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2019

**Transaction ID : SA17.5730**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	840.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Republican Women of Cary**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1593  
 City Cary State NC Zip Code 27512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Republican Women of Cary Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **03 / 12 / 2019**  
**Transaction ID : SA17.4190**  
 Amount of Each Receipt this Period 3500.00  
 Memo Item

**B. Schwantz, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Turquoise Creek Drive  
 City Cary State NC Zip Code 27513  
 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 ▼ 284.24

Date of Receipt **03 / 12 / 2019**  
**Transaction ID : SA17.4194**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Sellars Real Estate LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Gallants Lane  
 City Beaufort State NC Zip Code 28516-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sellars Real Estate LLC Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 28 / 2019**  
**Transaction ID : SA17.4229**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Square Inc.**

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

Mailing Address 1455 Market Street  
Suite 600

City San Francisco State CA Zip Code 94103

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 ▼  
23794.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2019

**Transaction ID : SA17.5127**

Amount of Each Receipt this Period  
8540.00

Memo Item  
Underlying contributor data currently unavailable

**B. Walton, Randie, , ,**

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

Mailing Address 1611 North Hermitage Avenue

City Chicago State IL Zip Code 60622

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2019

**Transaction ID : SA17.4849**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Watson's INC**

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

Mailing Address 9102 Coast Guard Road

City Emerald Isle State NC Zip Code 28594

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

Name of Employer (for Individual) Watson's INC Occupation (for Individual) RV Park

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2019

**Transaction ID : SA17.4206**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9540.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Watson's INC**

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

Mailing Address 9102 Coast Guard Road

City Emerald Isle	State NC	Zip Code 28594
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Watson's INC	Occupation (for Individual) RV Park
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2019

**Transaction ID : SA17.4236**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Women for America First**

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

Mailing Address 441 N. Lee Street Ste. 100

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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 ▼  
19000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2019

**Transaction ID : SA17.6261**

Amount of Each Receipt this Period  
19000.00

Memo Item  
Contribution for Angel Family Travel to Charitable Event

**C. Zieto, Judy, A, ,**

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

Mailing Address 38514 East Court

City Prairieville	State LA	Zip Code 70769
----------------------	-------------	-------------------

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2019

**Transaction ID : SA17.4120**

Amount of Each Receipt this Period  
900.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21900.00
<b>TOTAL</b> This Period (last page this line number only).....	59549.99

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. 1320 WJAS</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2019
Mailing Address 200 Fleet Street 4th Floor		FEC Identification Number C [ ] <b>Transaction ID : SB29.6726</b> Amount of Each Disbursement this Period [ ] 810.00
City Pittsburgh	State PA	Zip Code 15220
Purpose of Disbursement Advertising		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2019
Mailing Address PO Box 81226		FEC Identification Number C [ ] <b>Transaction ID : SB29.6698</b> Amount of Each Disbursement this Period [ ] 86.94
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Event Expense		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2019
Mailing Address PO Box 81226		FEC Identification Number C [ ] <b>Transaction ID : SB29.6699</b> Amount of Each Disbursement this Period [ ] 16.99
City Seattle	State WA	Zip Code 98108
Purpose of Disbursement Event Expense		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 913.93
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

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

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6700**

Amount of Each Disbursement this Period: 14.65

Memo Item

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

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6701**

Amount of Each Disbursement this Period: 67.86

Memo Item

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

Mailing Address PO Box 81226

City Seattle State WA Zip Code 98108

Purpose of Disbursement Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6702**

Amount of Each Disbursement this Period: 14.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 97.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Amazon**

Mailing Address PO Box 81226

City: Seattle State: WA Zip Code: 98108

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number

C [ ]

Transaction ID : **SB29.6705**  
Amount of Each Disbursement this Period

[ ] 299.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon**

Mailing Address PO Box 81226

City: Seattle State: WA Zip Code: 98108

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number

C [ ]

Transaction ID : **SB29.6706**  
Amount of Each Disbursement this Period

[ ] 150.21

Memo Item

Full Name (Last, First, Middle Initial)

**C. Amazon**

Mailing Address PO Box 81226

City: Seattle State: WA Zip Code: 98108

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2019

FEC Identification Number

C [ ]

Transaction ID : **SB29.6707**  
Amount of Each Disbursement this Period

[ ] 27.96

Memo Item

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

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

[ ] 478.16

[ ]

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2019
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C <b>Transaction ID : SB29.6327</b> Amount of Each Disbursement this Period 423.60
City FortWorth	State TX	
Zip Code 07615	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2019
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C <b>Transaction ID : SB29.6342</b> Amount of Each Disbursement this Period 500.30
City FortWorth	State TX	
Zip Code 07615	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2019
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C <b>Transaction ID : SB29.6343</b> Amount of Each Disbursement this Period 500.30
City FortWorth	State TX	
Zip Code 07615	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1424.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6439</b> Amount of Each Disbursement this Period [ ] 848.50	
City FortWorth	State TX	Zip Code 07615	Category/ Type [ ]
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6445</b> Amount of Each Disbursement this Period [ ] 356.50	
City FortWorth	State TX	Zip Code 07615	Category/ Type [ ]
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6455</b> Amount of Each Disbursement this Period [ ] 287.00	
City FortWorth	State TX	Zip Code 07615	Category/ Type [ ]
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1492.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C <b>Transaction ID : SB29.6456</b> Amount of Each Disbursement this Period 741.00
City FortWorth	State TX	
Zip Code 07615	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2019
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C <b>Transaction ID : SB29.6460</b> Amount of Each Disbursement this Period 466.00
City FortWorth	State TX	
Zip Code 07615	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2019
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C <b>Transaction ID : SB29.6468</b> Amount of Each Disbursement this Period 399.00
City FortWorth	State TX	
Zip Code 07615	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

1606.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. American Air Lines**

Mailing Address 4333 Amon Carter Blvd

City FortWorth State TX Zip Code 07615

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2019

FEC Identification Number

C  
Transaction ID : **SB29.6469**  
Amount of Each Disbursement this Period  
599.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Air Lines**

Mailing Address 4333 Amon Carter Blvd

City FortWorth State TX Zip Code 07615

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2019

FEC Identification Number

C  
Transaction ID : **SB29.6470**  
Amount of Each Disbursement this Period  
551.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Air Lines**

Mailing Address 4333 Amon Carter Blvd

City FortWorth State TX Zip Code 07615

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2019

FEC Identification Number

C  
Transaction ID : **SB29.6474**  
Amount of Each Disbursement this Period  
326.59

Memo Item

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

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

1477.58

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6511</b> Amount of Each Disbursement this Period [REDACTED] 519.01	
City FortWorth	State TX	Zip Code 07615	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6579</b> Amount of Each Disbursement this Period [REDACTED] 243.50	
City FortWorth	State TX	Zip Code 07615	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6580</b> Amount of Each Disbursement this Period [REDACTED] 243.50	
City FortWorth	State TX	Zip Code 07615	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1006.01
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6581</b> Amount of Each Disbursement this Period [REDACTED] 18.02	
City FortWorth	State TX	Zip Code 07615	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. American Air Lines</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2019	
Mailing Address 4333 Amon Carter Blvd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6582</b> Amount of Each Disbursement this Period [REDACTED] 27.72	
City FortWorth	State TX	Zip Code 07615	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2019	
Mailing Address 400 North Capitol Street NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6480</b> Amount of Each Disbursement this Period [REDACTED] 309.00	
City Washington	State DC	Zip Code 20002	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

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

354.74

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address 400 North Capitol Street NW

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6512**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anedot**

Mailing Address 10157 Perkins Rowe  
Suite 217

City  
Baton Rouge

State  
LA

Zip Code  
70810

Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6914**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address 208 S Akard St

City  
Dallas

State  
TX

Zip Code  
75202

Purpose of Disbursement  
Administrative

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6597**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Atavola Market Cafe**

Mailing Address 620 Red Banks Rd

City Greenville State NC Zip Code 27858

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6897

Amount of Each Disbursement this Period

[REDACTED] 163.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. Biagio's Italian Coffee**

Mailing Address 622 Court St

City Jacksonville State NC Zip Code 28540

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6829

Amount of Each Disbursement this Period

[REDACTED] 498.73

Memo Item

Full Name (Last, First, Middle Initial)

**C. BP**

Mailing Address 4324 Shallowford Rd

City Marietta State GA Zip Code 30062

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6859

Amount of Each Disbursement this Period

[REDACTED] 53.60

Memo Item

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

[REDACTED] 715.43

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. BP</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2019	
Mailing Address 4324 Shallowford Rd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6888</b> Amount of Each Disbursement this Period [ ] 64.40	
City Marietta	State GA	Zip Code 30062	Category/ Type [ ]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Breakpoint Books</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2019	
Mailing Address 3767 Lake Center Dr		FEC Identification Number C [ ] <b>Transaction ID : SB29.6406</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Mount Dora	State FL	Zip Code 32757	Category/ Type [ ]
Purpose of Disbursement Event Expense		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Breakpoint Books</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 3767 Lake Center Dr		FEC Identification Number C [ ] <b>Transaction ID : SB29.6407</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Mount Dora	State FL	Zip Code 32757	Category/ Type [ ]
Purpose of Disbursement Event Expense		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2064.40
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Cafe Boulud Palm Beach</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2019	
Mailing Address 301 Australian Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6547</b> Amount of Each Disbursement this Period [REDACTED] 297.00	
City Palm Beach	State FL	Zip Code 33480	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>B. Classic Impressions</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019	
Mailing Address 4659 S Main St #200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6720</b> Amount of Each Disbursement this Period [REDACTED] 281.00	
City Acworth	State GA	Zip Code 30101	Category/ Type [REDACTED]
Purpose of Disbursement Campaign Materials		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

Full Name (Last, First, Middle Initial) <b>C. Classic Impressions</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019	
Mailing Address 4659 S Main St #200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6781</b> Amount of Each Disbursement this Period [REDACTED] 280.80	
City Acworth	State GA	Zip Code 30101	Category/ Type [REDACTED]
Purpose of Disbursement Campaign Materials		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:

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

[REDACTED] 858.80

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Club Sedan Service</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 1121 S Columbus St		FEC Identification Number C [ ] <b>Transaction ID : SB29.6365</b> Amount of Each Disbursement this Period [ ] 540.00
City Arlington	State VA	Zip Code 22041
Purpose of Disbursement Transportation		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Courtyard Marriott</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2019
Mailing Address 102 Edinburgh Drive South		FEC Identification Number C [ ] <b>Transaction ID : SB29.6590</b> Amount of Each Disbursement this Period [ ] 187.28
City Cary	State NC	Zip Code 27511
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6329</b> Amount of Each Disbursement this Period [ ] 438.30
City Atlanta	State GA	Zip Code 30354
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[ ] 1165.58
[ ]

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2019

FEC Identification Number

C   
**Transaction ID : SB29.6330**  
Amount of Each Disbursement this Period  
 1212.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 12 / 2019

FEC Identification Number

C   
**Transaction ID : SB29.6331**  
Amount of Each Disbursement this Period  
 242.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 22 / 2019

FEC Identification Number

C   
**Transaction ID : SB29.6366**  
Amount of Each Disbursement this Period  
 723.00

Memo Item

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

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

2177.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 23 / 2019

FEC Identification Number

C

Transaction ID : **SB29.6369**  
Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 25 / 2019

FEC Identification Number

C

Transaction ID : **SB29.6385**  
Amount of Each Disbursement this Period

837.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 26 / 2019

FEC Identification Number

C

Transaction ID : **SB29.6394**  
Amount of Each Disbursement this Period

150.00

Memo Item

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

1137.30

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Delta Air lines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6411  
Amount of Each Disbursement this Period  
438.30

Memo Item

Full Name (Last, First, Middle Initial)

### B. Delta Air lines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6433  
Amount of Each Disbursement this Period  
796.20

Memo Item

Full Name (Last, First, Middle Initial)

### C. Delta Air lines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6434  
Amount of Each Disbursement this Period  
897.00

Memo Item

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

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

2131.50



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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB29.6435  
Amount of Each Disbursement this Period

897.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB29.6436  
Amount of Each Disbursement this Period

766.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB29.6437  
Amount of Each Disbursement this Period

353.00

Memo Item

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

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

2016.30

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : SB29.6438</b> Amount of Each Disbursement this Period 624.00
City Atlanta	State GA	
Zip Code 30354		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : SB29.6440</b> Amount of Each Disbursement this Period 623.00
City Atlanta	State GA	
Zip Code 30354		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : SB29.6441</b> Amount of Each Disbursement this Period 678.60
City Atlanta	State GA	
Zip Code 30354		Memo Item <input type="checkbox"/>
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1925.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6442**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6446**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6449**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : SB29.6450</b> Amount of Each Disbursement this Period 358.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : SB29.6451</b> Amount of Each Disbursement this Period 852.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delta Air lines</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019
Mailing Address 1030 Delta Blvd		FEC Identification Number C <b>Transaction ID : SB29.6452</b> Amount of Each Disbursement this Period 848.00
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2058.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6454**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6457**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6466**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City  
Atlanta

State  
GA

Zip Code  
30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2019

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.6467**

Amount of Each Disbursement this Period

[REDACTED] 399.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City  
Atlanta

State  
GA

Zip Code  
30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2019

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.6472**

Amount of Each Disbursement this Period

[REDACTED] 1038.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City  
Atlanta

State  
GA

Zip Code  
30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		09		2019

FEC Identification Number

C [REDACTED]

**Transaction ID : SB29.6473**

Amount of Each Disbursement this Period

[REDACTED] 8.70

Memo Item

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

[REDACTED] 1445.70

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2019

FEC Identification Number

C

Transaction ID : **SB29.6475**  
Amount of Each Disbursement this Period

821.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2019

FEC Identification Number

C

Transaction ID : **SB29.6482**  
Amount of Each Disbursement this Period

1028.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2019

FEC Identification Number

C

Transaction ID : **SB29.6483**  
Amount of Each Disbursement this Period

1028.00

Memo Item

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

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

2877.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2019

FEC Identification Number

C

Transaction ID : SB29.6509

Amount of Each Disbursement this Period

399.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2019

FEC Identification Number

C

Transaction ID : SB29.6510

Amount of Each Disbursement this Period

348.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB29.6517

Amount of Each Disbursement this Period

438.30

Memo Item

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

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

1185.30



**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)  
**WOMEN VOTE SMART**

**A. Delta Air lines**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB29.6521

Amount of Each Disbursement this Period: 223.30

Memo Item

**B. Delta Air lines**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB29.6522

Amount of Each Disbursement this Period: 300.30

Memo Item

**C. Delta Air lines**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2019

FEC Identification Number: C

Transaction ID : SB29.6524

Amount of Each Disbursement this Period: 75.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 598.60

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6525**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6544**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6550**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6562**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6575**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6576**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6577  
Amount of Each Disbursement this Period  
362.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6583  
Amount of Each Disbursement this Period  
362.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6592  
Amount of Each Disbursement this Period  
498.30

Memo Item

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

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

1222.90

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2019

FEC Identification Number

C

Transaction ID : SB29.6630

Amount of Each Disbursement this Period

109.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2019

FEC Identification Number

C

Transaction ID : SB29.6640

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta Air lines**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2019

FEC Identification Number

C

Transaction ID : SB29.6641

Amount of Each Disbursement this Period

19.99

Memo Item

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

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

159.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. De Pasquale, Lisa, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2019	
Mailing Address 7349 Bloomington Court		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6428</b> Amount of Each Disbursement this Period 1100.00	
City Springfield	State VA	Zip Code 22150	Category/ Type
Purpose of Disbursement Administrative			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. De Pasquale, Lisa, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2019	
Mailing Address 7349 Bloomington Court		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6612</b> Amount of Each Disbursement this Period 2000.00	
City Springfield	State VA	Zip Code 22150	Category/ Type
Purpose of Disbursement Administrative			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Discount Mugs</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2019	
Mailing Address 12610 NW 115th Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6711</b> Amount of Each Disbursement this Period 571.72	
City Miami	State FL	Zip Code 33178	Category/ Type
Purpose of Disbursement Campaign Materials			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

3671.72

**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)  
**WOMEN VOTE SMART**

**A. Enterprise Car Rental**

Full Name (Last, First, Middle Initial)

Mailing Address 10670 Alpharetta Hwy

City Roswell State GA Zip Code 30076

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 28 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6774**

Amount of Each Disbursement this Period: 1376.29

Memo Item

**B. EventBrite**

Full Name (Last, First, Middle Initial)

Mailing Address 155 5th Street 7th Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Event Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6909**

Amount of Each Disbursement this Period: 557.04

Memo Item

**C. EventBrite**

Full Name (Last, First, Middle Initial)

Mailing Address 155 5th Street 7th Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Event Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6910**

Amount of Each Disbursement this Period: 342.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2276.07

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. EventBrite**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2019

Mailing Address 155 5th Street  
7th Floor

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Event Processing Fees

FEC Identification Number

C
---

Transaction ID : **SB29.6911**  
Amount of Each Disbursement this Period

149.23
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Fairfield Inn & Suites**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2019

Mailing Address 5850 Grand Ave

City Pittsburgh State PA Zip Code 15225

Purpose of Disbursement  
Hotel

FEC Identification Number

C
---

Transaction ID : **SB29.6749**  
Amount of Each Disbursement this Period

266.98
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Fairfield Inn & Suites**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2019

Mailing Address 5850 Grand Ave

City Pittsburgh State PA Zip Code 15225

Purpose of Disbursement  
Hotel

FEC Identification Number

C
---

Transaction ID : **SB29.6750**  
Amount of Each Disbursement this Period

256.72
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

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

672.93
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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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. FedEx Office</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2019
Mailing Address 6280 Roswell Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6727</b>
City Atlanta	State GA	Zip Code 30328
Purpose of Disbursement Fundraising Expense		Amount of Each Disbursement this Period [REDACTED] 19.25
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Fedex Shipping</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2019
Mailing Address 942 South Shady Grove Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6570</b>
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Administrative		Amount of Each Disbursement this Period [REDACTED] 82.84
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Fedex Shipping</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2019
Mailing Address 942 South Shady Grove Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6606</b>
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Administrative		Amount of Each Disbursement this Period [REDACTED] 26.93
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 129.02
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Fedex Shipping</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 942 South Shady Grove Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6632</b> Amount of Each Disbursement this Period [REDACTED] 46.48
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Administrative	Category/ Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fedex Shipping</b>		Date of Disbursement MM / DD / YYYY 05 / 26 / 2019
Mailing Address 942 South Shady Grove Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6766</b> Amount of Each Disbursement this Period [REDACTED] 286.46
City Memphis	State TN	Zip Code 38120
Purpose of Disbursement Administrative	Category/ Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GA Republican Party</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2019
Mailing Address 130 W Wieuca Rd NE Ste. 101		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6709</b> Amount of Each Disbursement this Period [REDACTED] 1650.00
City Atlanta	State GA	Zip Code 30342
Purpose of Disbursement Administrative	Category/ Type [REDACTED]	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1982.94
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. GOGO Air**

Mailing Address 111 North Canal Street

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6664**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOGO Air**

Mailing Address 111 North Canal Street

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6780**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hampton Inn & Suites**

Mailing Address 118 Salter Path Rd

City Pine Knoll Shores State NC Zip Code 28512

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6763**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Hampton Inn Hotel**

Mailing Address 200 Hotel Dr

City New Bern State NC Zip Code 28562

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6843  
Amount of Each Disbursement this Period  
219.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hilton Garden Inn**

Mailing Address 1016 Jacksonville Pkwy

City Jacksonville State NC Zip Code 28546

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6834  
Amount of Each Disbursement this Period  
573.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hilton Hotel**

Mailing Address 207 SW Greenville Blvd SW

City Greenville State NC Zip Code 27834

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2019

FEC Identification Number

C  
Transaction ID : SB29.6791  
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)..... ▶

1793.11

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Hilton Hotels**

Mailing Address 207 SW Greenville Blvd. SW.

City Greenville State NC Zip Code 27834

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6812**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hilton Hotels**

Mailing Address 207 SW Greenville Blvd. SW.

City Greenville State NC Zip Code 27834

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6813**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kranson, Patrick, , ,**

Mailing Address 700 Pennsylvania Ave SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6380**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Kremer, Amy, , ,</b>			Date of Disbursement MM / DD / YYYY 01 / 23 / 2019		
Mailing Address P.O. Box 72861			FEC Identification Number C [ ] <b>Transaction ID : SB29.6931</b>		
City Marietta	State GA	Zip Code 30007	Amount of Each Disbursement this Period [ ] 400.00		
Purpose of Disbursement Administrative		Candidate Name	Category/Type [ ]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Kremer, Amy, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 12 / 2019		
Mailing Address P.O. Box 72861			FEC Identification Number C [ ] <b>Transaction ID : SB29.6935</b>		
City Marietta	State GA	Zip Code 30007	Amount of Each Disbursement this Period [ ] 500.00		
Purpose of Disbursement Administrative		Candidate Name	Category/Type [ ]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Kremer, Amy, , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 06 / 2019		
Mailing Address P.O. Box 72861			FEC Identification Number C [ ] <b>Transaction ID : SB29.6937</b>		
City Marietta	State GA	Zip Code 30007	Amount of Each Disbursement this Period [ ] 403.00		
Purpose of Disbursement Administrative		Candidate Name	Category/Type [ ]		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item			

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

1303.00

**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)  
**WOMEN VOTE SMART**

**A. Kremer, Amy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 72861

City Marietta State GA Zip Code 30007

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6938**

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Kremer, Amy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 72861

City Marietta State GA Zip Code 30007

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6619**

Amount of Each Disbursement this Period: 1508.00

Memo Item

**C. Kremer, Amy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 72861

City Marietta State GA Zip Code 30007

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6649**

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2208.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Kremer, Amy, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019	
Mailing Address P.O. Box 72861		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6662</b> Amount of Each Disbursement this Period [REDACTED] 104.00	
City Marietta	State GA	Zip Code 30007	Category/ Type [REDACTED]
Purpose of Disbursement Administrative		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kremer, Amy, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2019	
Mailing Address P.O. Box 72861		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6723</b> Amount of Each Disbursement this Period [REDACTED] 103.00	
City Marietta	State GA	Zip Code 30007	Category/ Type [REDACTED]
Purpose of Disbursement Administrative		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kylie Jane Kremer</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2019	
Mailing Address		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6756</b> Amount of Each Disbursement this Period [REDACTED] 537.97	
City New York	State NY	Zip Code	Category/ Type [REDACTED]
Purpose of Disbursement Travel / Transportation		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

[REDACTED] 744.97
[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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Kylie Jane Kremer</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2019
Mailing Address		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6839</b> Amount of Each Disbursement this Period [REDACTED] 206.00
City New York	State NY	Zip Code
Purpose of Disbursement Administrative		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Lyft</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019
Mailing Address 245 W 17th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6504</b> Amount of Each Disbursement this Period [REDACTED] 73.49
City New York	State NY	Zip Code 10011
Purpose of Disbursement Transportation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Lyft</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2019
Mailing Address 245 W 17th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6519</b> Amount of Each Disbursement this Period [REDACTED] 43.23
City New York	State NY	Zip Code 10011
Purpose of Disbursement Transportation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 322.72
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Lyft**

Mailing Address 245 W 17th St

City New York State NY Zip Code 10011

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2019

FEC Identification Number

C

Transaction ID : SB29.6535  
Amount of Each Disbursement this Period

45.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lyft**

Mailing Address 245 W 17th St

City New York State NY Zip Code 10011

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB29.6536  
Amount of Each Disbursement this Period

15.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lyft**

Mailing Address 245 W 17th St

City New York State NY Zip Code 10011

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2019

FEC Identification Number

C

Transaction ID : SB29.6561  
Amount of Each Disbursement this Period

49.03

Memo Item

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

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

109.96

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Lyft</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2019
Mailing Address 245 W 17th St		FEC Identification Number C <b>Transaction ID : SB29.6587</b> Amount of Each Disbursement this Period 43.57
City New York	State NY	
Zip Code 10011	Purpose of Disbursement Transportation	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lyft</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2019
Mailing Address 245 W 17th St		FEC Identification Number C <b>Transaction ID : SB29.6595</b> Amount of Each Disbursement this Period 54.52
City New York	State NY	
Zip Code 10011	Purpose of Disbursement Transportation	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lyft</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 245 W 17th St		FEC Identification Number C <b>Transaction ID : SB29.6633</b> Amount of Each Disbursement this Period 62.65
City New York	State NY	
Zip Code 10011	Purpose of Disbursement Transportation	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	160.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

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

Mailing Address 245 W 17th St

City New York State NY Zip Code 10011

Purpose of Disbursement Transportation

Candidate Name

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

State: District:

Date of Disbursement: 04 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB29.6648

Amount of Each Disbursement this Period: 46.73

Memo Item

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

Mailing Address 675 Ponce de Leon Ave NE Suite 5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Fundraising

Candidate Name

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

State: District:

Date of Disbursement: 06 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.6949

Amount of Each Disbursement this Period: 70.20

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mosaic Express**

Mailing Address 1920 L St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement Administrative

Candidate Name

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

State: District:

Date of Disbursement: 01 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB29.6324

Amount of Each Disbursement this Period: 720.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 837.73

**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)  
**WOMEN VOTE SMART**

**A. Nine Line Apparel**

Full Name (Last, First, Middle Initial)

Mailing Address 450 Fort Argyle Road

City Savannah State GA Zip Code 31419

Purpose of Disbursement Campaign Materials

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB29.6713

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. Nine Line Apparel**

Full Name (Last, First, Middle Initial)

Mailing Address 450 Fort Argyle Road

City Savannah State GA Zip Code 31419

Purpose of Disbursement Campaign Materials

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB29.6714

Amount of Each Disbursement this Period: 43.33

Memo Item

**C. Nine Line Apparel**

Full Name (Last, First, Middle Initial)

Mailing Address 450 Fort Argyle Road

City Savannah State GA Zip Code 31419

Purpose of Disbursement Campaign Materials

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB29.6898

Amount of Each Disbursement this Period: 1767.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3311.03

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. NRA**

Mailing Address 11250 Waples Mill Rd

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6621**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pilot**

Mailing Address 150 Plaza Park Rd

City  
Lebanon Junction

State  
KY

Zip Code  
40150

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6748**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pilot**

Mailing Address 150 Plaza Park Rd

City  
Lebanon Junction

State  
KY

Zip Code  
40150

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6793**

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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Pilot</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2019	
Mailing Address 150 Plaza Park Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6794</b> Amount of Each Disbursement this Period [REDACTED] 15.33	
City Lebanon Junction	State KY	Zip Code 40150	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pilot</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2019	
Mailing Address 150 Plaza Park Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6860</b> Amount of Each Disbursement this Period [REDACTED] 19.53	
City Lebanon Junction	State KY	Zip Code 40150	Category/ Type [REDACTED]
Purpose of Disbursement Travel		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Prestonwood Country Club</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2019	
Mailing Address 300 Prestonwood Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6603</b> Amount of Each Disbursement this Period [REDACTED] 6929.22	
City Cary	State NC	Zip Code 27513	Category/ Type [REDACTED]
Purpose of Disbursement Event Expense		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 6964.08
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

**A. Republican National Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2019

FEC Identification Number

C

Transaction ID : SB29.6355  
Amount of Each Disbursement this Period  
365.00

Memo Item

**B. Residence Inn**

Full Name (Last, First, Middle Initial)

Mailing Address 2345 Mill Rd

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Hotel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2019

FEC Identification Number

C

Transaction ID : SB29.6742  
Amount of Each Disbursement this Period  
231.38

Memo Item

**C. Right Turn Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 7801 Flager Circle

City Manassas State VA Zip Code 20109

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 07 / 2019

FEC Identification Number

C

Transaction ID : SB29.6426  
Amount of Each Disbursement this Period  
1100.00

Memo Item

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

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

1696.38



**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Right Turn Strategies**

Mailing Address 7801 Flager Circle

City Manassas State VA Zip Code 20109

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2019

FEC Identification Number

C [ ]

Transaction ID : SB29.6611

Amount of Each Disbursement this Period

[ ] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Right Turn Strategies**

Mailing Address 7801 Flager Circle

City Manassas State VA Zip Code 20109

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2019

FEC Identification Number

C [ ]

Transaction ID : SB29.6613

Amount of Each Disbursement this Period

[ ] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Right Turn Strategies - Chris Barron**

Mailing Address 7801 Flager Circle

City Manassas State VA Zip Code 20109

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2019

FEC Identification Number

C [ ]

Transaction ID : SB29.6733

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)..... ▶

[ ] 5000.00

[ ]

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Santa Ana Star Casino</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 26 / 2019	
Mailing Address 54 Jemez Canyon Dam Road			
City Santa Ana Pueblo	State NM	Zip Code 87004	
Purpose of Disbursement Travel		FEC Identification Number C	
Candidate Name		Transaction ID : <b>SB29.6382</b> Amount of Each Disbursement this Period 501.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Shannopin Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 05 / 06 / 2019	
Mailing Address 1 Windmere Rd			
City Pittsburgh	State PA	Zip Code 15202	
Purpose of Disbursement Event Expense		FEC Identification Number C	
Candidate Name		Transaction ID : <b>SB29.6670</b> Amount of Each Disbursement this Period 1250.00	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Shannopin Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 06 / 10 / 2019	
Mailing Address 1 Windmere Rd			
City Pittsburgh	State PA	Zip Code 15202	
Purpose of Disbursement Event Expense		FEC Identification Number C	
Candidate Name		Transaction ID : <b>SB29.6825</b> Amount of Each Disbursement this Period 639.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	2391.29
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Snap Travel The Brazilian Court Hotel</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2019
Mailing Address 180 Sansome St		FEC Identification Number C [ ] <b>Transaction ID : SB29.6527</b> Amount of Each Disbursement this Period [ ] 767.51
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Snap Travel The Brazilian Court Hotel</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2019
Mailing Address 180 Sansome St		FEC Identification Number C [ ] <b>Transaction ID : SB29.6540</b> Amount of Each Disbursement this Period [ ] 601.17
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Travel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Springhill Suites</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2019
Mailing Address 300 Hotel Dr		FEC Identification Number C [ ] <b>Transaction ID : SB29.6887</b> Amount of Each Disbursement this Period [ ] 494.54
City New Bern	State NC	Zip Code 28562
Purpose of Disbursement Hotel		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1863.22
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Suntrust

Mailing Address PO Box 305183

City  
Nashville

State  
TN

Zip Code  
37230

Purpose of Disbursement  
Administrative bank fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	9		

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6564

Amount of Each Disbursement this Period

[REDACTED] 904.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Suntrust

Mailing Address PO Box 305183

City  
Nashville

State  
TN

Zip Code  
37230

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6668

Amount of Each Disbursement this Period

[REDACTED] 8.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Suntrust

Mailing Address PO Box 305183

City  
Nashville

State  
TN

Zip Code  
37230

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6724

Amount of Each Disbursement this Period

[REDACTED] 3.00

Memo Item

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

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

[REDACTED] 915.00

[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)  
**WOMEN VOTE SMART**

**A. Suntrust**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement Administrative bank fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB29.6785

Amount of Each Disbursement this Period: 3.00

Memo Item

**B. Suntrust**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement Administrative bank fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB29.6786

Amount of Each Disbursement this Period: 37.00

Memo Item

**C. Suntrust**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 07 / 2019

FEC Identification Number: C

Transaction ID : SB29.6925

Amount of Each Disbursement this Period: 38.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 78.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Suntrust</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2019
Mailing Address PO Box 305183		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6926</b>
City Nashville	State TN	Zip Code 37230
Purpose of Disbursement Bank Fees	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 38.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Suntrust</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address PO Box 305183		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6906</b>
City Nashville	State TN	Zip Code 37230
Purpose of Disbursement Administrative	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 3.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Suntrust</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address PO Box 305183		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6907</b>
City Nashville	State TN	Zip Code 37230
Purpose of Disbursement Administrative	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 31.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 72.50
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)  
**A. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6346**

Amount of Each Disbursement this Period: 450.74

Memo Item

Full Name (Last, First, Middle Initial)  
**B. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6347**

Amount of Each Disbursement this Period: 450.74

Memo Item

Full Name (Last, First, Middle Initial)  
**C. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6348**

Amount of Each Disbursement this Period: 450.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1352.22

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. The Ritz Carlton

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB29.6349

Amount of Each Disbursement this Period

450.74

Memo Item

Full Name (Last, First, Middle Initial)

### B. The Ritz Carlton

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB29.6350

Amount of Each Disbursement this Period

450.74

Memo Item

Full Name (Last, First, Middle Initial)

### C. The Ritz Carlton

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number

C

Transaction ID : SB29.6351

Amount of Each Disbursement this Period

450.74

Memo Item

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

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

1352.22



**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)  
**A. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6352**

Amount of Each Disbursement this Period: 450.74

Memo Item

Full Name (Last, First, Middle Initial)  
**B. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6353**

Amount of Each Disbursement this Period: 31.15

Memo Item

Full Name (Last, First, Middle Initial)  
**C. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 17 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6356**

Amount of Each Disbursement this Period: 676.11

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1158.00

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)  
**A. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 17 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6357**

Amount of Each Disbursement this Period: 791.75

Memo Item

Full Name (Last, First, Middle Initial)  
**B. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 23 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6375**

Amount of Each Disbursement this Period: 1999.68

Memo Item

Full Name (Last, First, Middle Initial)  
**C. The Ritz Carlton**

Mailing Address 1250 S. Hayes Street

City Arlington State VA Zip Code 22202

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 31 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6408**

Amount of Each Disbursement this Period: 1520.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4312.19

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. The Stateview Hotel**

Mailing Address 2451 Alumni Dr

City Raleigh State NC Zip Code 27606

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6754**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 1822 S Glenburnie Rd

City New Bern State NC Zip Code 28562

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6901**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Transaxt**

Mailing Address 5515 Cherokee Avenue

City Alexandria State VA Zip Code 22312

Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6916**

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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Trump International Hotel**

Mailing Address 1100 Pennsylvania Avenue

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2019

FEC Identification Number

C  
Transaction ID : **SB29.6503**  
Amount of Each Disbursement this Period  
868.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number

C  
Transaction ID : **SB29.6339**  
Amount of Each Disbursement this Period  
36.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2019

FEC Identification Number

C  
Transaction ID : **SB29.6374**  
Amount of Each Disbursement this Period  
62.55

Memo Item

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

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

967.57

# 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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6376

Amount of Each Disbursement this Period

[REDACTED] 12.40

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6377

Amount of Each Disbursement this Period

[REDACTED] 7.61

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6378

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

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

[REDACTED] 25.01

**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)  
**WOMEN VOTE SMART**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6388**

Amount of Each Disbursement this Period: 6.23

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6389**

Amount of Each Disbursement this Period: 8.02

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2019

FEC Identification Number: C

Transaction ID : **SB29.6391**

Amount of Each Disbursement this Period: 2.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 16.25

**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)  
**WOMEN VOTE SMART**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB29.6393

Amount of Each Disbursement this Period: 33.91

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB29.6397

Amount of Each Disbursement this Period: 7.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB29.6399

Amount of Each Disbursement this Period: 46.67

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 87.58

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB29.6400

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB29.6412

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB29.6413

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)  
**WOMEN VOTE SMART**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB29.6414

Amount of Each Disbursement this Period: 19.05

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB29.6418

Amount of Each Disbursement this Period: 2.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB29.6419

Amount of Each Disbursement this Period: 11.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 32.52

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6420**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6421**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6422**

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)  
**WOMEN VOTE SMART**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB29.6423

Amount of Each Disbursement this Period: 11.78

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB29.6424

Amount of Each Disbursement this Period: 2.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2019

FEC Identification Number: C

Transaction ID : SB29.6447

Amount of Each Disbursement this Period: 39.45

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 53.23

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6458</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation	Candidate Name	Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [ ] 10.00
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6459</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation	Candidate Name	Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [ ] 29.55
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6488</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation	Candidate Name	Category/Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period [ ] 2.00
State: District:		<input type="checkbox"/> Memo Item

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

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

[ ] 41.55
[ ]

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

FEC Identification Number

C [ ]

Transaction ID : **SB29.6489**  
Amount of Each Disbursement this Period

[ ] 31.99

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

FEC Identification Number

C [ ]

Transaction ID : **SB29.6490**  
Amount of Each Disbursement this Period

[ ] 3.00

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	9		

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

FEC Identification Number

C [ ]

Transaction ID : **SB29.6491**  
Amount of Each Disbursement this Period

[ ] 27.58

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

[ ] 62.57

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2019

FEC Identification Number

C

Transaction ID : SB29.6492

Amount of Each Disbursement this Period

3.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2019

FEC Identification Number

C

Transaction ID : SB29.6493

Amount of Each Disbursement this Period

31.19

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2019

FEC Identification Number

C

Transaction ID : SB29.6494

Amount of Each Disbursement this Period

3.00

Memo Item

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

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

37.19

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6495**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6496**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6497**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6498

Amount of Each Disbursement this Period

[REDACTED] 5.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6499

Amount of Each Disbursement this Period

[REDACTED] 132.92

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6500

Amount of Each Disbursement this Period

[REDACTED] 10.51

Memo Item

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

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

[REDACTED] 148.43

[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)  
**WOMEN VOTE SMART**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB29.6505

Amount of Each Disbursement this Period: 2.00

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB29.6506

Amount of Each Disbursement this Period: 5.00

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB29.6513

Amount of Each Disbursement this Period: 24.08

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 31.08

**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)  
**WOMEN VOTE SMART**

**A. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.6514

Amount of Each Disbursement this Period: 25.87

Memo Item

**B. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.6515

Amount of Each Disbursement this Period: 18.66

Memo Item

**C. Uber**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 Market St #400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.6516

Amount of Each Disbursement this Period: 18.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 63.03

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2019

FEC Identification Number

C

Transaction ID : SB29.6523

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2019

FEC Identification Number

C

Transaction ID : SB29.6529

Amount of Each Disbursement this Period

70.50

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB29.6532

Amount of Each Disbursement this Period

155.33

Memo Item

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

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

245.83

# 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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2019

FEC Identification Number

C

Transaction ID : SB29.6537

Amount of Each Disbursement this Period

129.32

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2019

FEC Identification Number

C

Transaction ID : SB29.6538

Amount of Each Disbursement this Period

11.40

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2019

FEC Identification Number

C

Transaction ID : SB29.6541

Amount of Each Disbursement this Period

13.53

Memo Item

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

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

154.25

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB29.6542  
Amount of Each Disbursement this Period

13.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2019

FEC Identification Number

C

Transaction ID : SB29.6543  
Amount of Each Disbursement this Period

12.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2019

FEC Identification Number

C

Transaction ID : SB29.6548  
Amount of Each Disbursement this Period

13.22

Memo Item

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

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

39.41

# 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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB29.6549

Amount of Each Disbursement this Period

21.79

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB29.6551

Amount of Each Disbursement this Period

81.41

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	9

FEC Identification Number

C

Transaction ID : SB29.6552

Amount of Each Disbursement this Period

19.28

Memo Item

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

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

122.48

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2019

FEC Identification Number

C

Transaction ID : SB29.6553

Amount of Each Disbursement this Period

21.31

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C

Transaction ID : SB29.6566

Amount of Each Disbursement this Period

18.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C

Transaction ID : SB29.6568

Amount of Each Disbursement this Period

82.07

Memo Item

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

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

121.88

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6569**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6571**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6572**

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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6573**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6578**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6584**

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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6634</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation	Category/Type [ ]	Amount of Each Disbursement this Period 14.18
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6635</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation	Category/Type [ ]	Amount of Each Disbursement this Period 5.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6637</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation	Category/Type [ ]	Amount of Each Disbursement this Period 7.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

26.18

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

### A. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6642

Amount of Each Disbursement this Period

[REDACTED] 2.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6643

Amount of Each Disbursement this Period

[REDACTED] 14.71

Memo Item

Full Name (Last, First, Middle Initial)

### C. Uber

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6771

Amount of Each Disbursement this Period

[REDACTED] 89.49

Memo Item

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

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

[REDACTED] 106.20

[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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Uber</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6782</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation		Amount of Each Disbursement this Period [ ] 18.75
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6783</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation		Amount of Each Disbursement this Period [ ] 18.51
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Uber</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019
Mailing Address 1455 Market St #400		FEC Identification Number C [ ] <b>Transaction ID : SB29.6784</b>
City San Francisco	State CA	Zip Code 94103
Purpose of Disbursement Transportation		Amount of Each Disbursement this Period [ ] 18.51
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 55.77
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6817

Amount of Each Disbursement this Period

[REDACTED] 6.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6818

Amount of Each Disbursement this Period

[REDACTED] 3.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.6819

Amount of Each Disbursement this Period

[REDACTED] 6.65

Memo Item

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

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

[REDACTED] 16.30

[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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6865**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6889**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Uber**

Mailing Address 1455 Market St  
#400

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB29.6890**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Uline Shipping Supplies**

Mailing Address 12575 Uline Drive

City Pleasant Prairie State WI Zip Code 53158

Purpose of Disbursement  
Event Expense

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6704**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. United Air Lines**

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6448**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. United Air Lines**

Mailing Address PO Box 06649

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6471**  
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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 140 West St

City New York State NY Zip Code 10007

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6345**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address 140 West St

City New York State NY Zip Code 10007

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6520**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 140 West St

City New York State NY Zip Code 10007

Purpose of Disbursement  
Administrative

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.6593**  
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)  
**WOMEN VOTE SMART**

**A. Verizon Wireless**

Full Name (Last, First, Middle Initial)

Mailing Address 140 West St

City New York State NY Zip Code 10007

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 07 / 2019

FEC Identification Number: C

Transaction ID : SB29.6628

Amount of Each Disbursement this Period: 225.00

Memo Item

**B. Verizon Wireless**

Full Name (Last, First, Middle Initial)

Mailing Address 140 West St

City New York State NY Zip Code 10007

Purpose of Disbursement Administrative

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB29.6689

Amount of Each Disbursement this Period: 185.59

Memo Item

**C. Walmart**

Full Name (Last, First, Middle Initial)

Mailing Address 3100 Johnson Ferry Rd

City Marietta State GA Zip Code

Purpose of Disbursement Campaign Event Materials

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB29.6722

Amount of Each Disbursement this Period: 342.88

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 753.47

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2019
Mailing Address 3100 Johnson Ferry Rd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6810</b>
City Marietta	State GA	Zip Code
Purpose of Disbursement Administrative	Candidate Name	Amount of Each Disbursement this Period [ ] 6.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019
Mailing Address 3100 Johnson Ferry Rd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6846</b>
City Marietta	State GA	Zip Code
Purpose of Disbursement Administrative	Candidate Name	Amount of Each Disbursement this Period [ ] 18.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Westgate Lakes Resort</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2019
Mailing Address 9500 Turkey Lake Rd		FEC Identification Number C [ ] <b>Transaction ID : SB29.6863</b>
City Orlando	State FL	Zip Code 32819
Purpose of Disbursement Hotel	Candidate Name	Amount of Each Disbursement this Period [ ] 366.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	[ ] 392.14
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Westgate Lakes Resort</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2019
Mailing Address 9500 Turkey Lake Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6864</b> Amount of Each Disbursement this Period [REDACTED] 230.71
City Orlando	State FL	Zip Code 32819
Purpose of Disbursement Hotel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Westgate Lakes Resort</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2019
Mailing Address 9500 Turkey Lake Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6870</b> Amount of Each Disbursement this Period [REDACTED] 168.75
City Orlando	State FL	Zip Code 32819
Purpose of Disbursement Hotel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Westgate Lakes Resort</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2019
Mailing Address 9500 Turkey Lake Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.6873</b> Amount of Each Disbursement this Period [REDACTED] 2.93
City Orlando	State FL	Zip Code 32819
Purpose of Disbursement Hotel		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 402.39

**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)  
**WOMEN VOTE SMART**

Full Name (Last, First, Middle Initial) <b>A. Westin Crystal City Arlington VA</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2019
Mailing Address 1800 Jefferson Davis Highway		FEC Identification Number C <b>Transaction ID : SB29.6430</b> Amount of Each Disbursement this Period 539.07
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Travel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Westin Hotels</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2019
Mailing Address 1 Resort Dr		FEC Identification Number C <b>Transaction ID : SB29.6737</b> Amount of Each Disbursement this Period 1546.20
City Savannah	State GA	
Zip Code 31421	Purpose of Disbursement Hotel	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Westin Hotels</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2019
Mailing Address 1 Resort Dr		FEC Identification Number C <b>Transaction ID : SB29.6789</b> Amount of Each Disbursement this Period 388.07
City Savannah	State GA	
Zip Code 31421	Purpose of Disbursement Travel / Lodging	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2473.34

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

109666.23

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE SMART
FEC IDENTIFICATION NUMBER
C C00616912

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Coastal Carolina Radio, LLC
Mailing Address: P.O. Box 4220
City: Emerald Isle, State: NC, Zip Code: 28594
Purpose of Expenditure: Radio Ads (Spec. Prim. Run-Off)
Category/Type: 004
Name of Federal Candidate: MURPHY, GREGORY FRANCIS, Francis,
Support: [X]
Office Sought: House, District: 03, State: NC
Disbursement For: Other (specify) Special-Primary
Amount: 56.00
Transaction ID: SE.6298
Date of Disbursement or Obligation: 06/27/2019
Calendar Year-To-Date Per Election for Office Sought: 2856.00

Full Name of Payee: Coastal Carolina Radio, LLC
Mailing Address: P.O. Box 4220
City: Emerald Isle, State: NC, Zip Code: 28594
Purpose of Expenditure: Radio Ads (Spec. Prim. Run-Off)
Category/Type: 004
Name of Federal Candidate: MURPHY, GREGORY FRANCIS, Francis,
Support: [X]
Office Sought: House, District: 03, State: NC
Disbursement For: Other (specify) Special-Primary
Amount: 448.00
Transaction ID: SE.6301
Date of Disbursement or Obligation: 06/27/2019
Calendar Year-To-Date Per Election for Office Sought: 3304.00

(a) SUBTOTAL of Itemized Independent Expenditures ..... 504.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kremer, Amy, . ,

[Electronically Filed]

Date 07/31/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE SMART
FEC IDENTIFICATION NUMBER
C C00616912

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Inner Banks Media
Mailing Address: 1884 W Arlington Blvd
City: Greenville, State: NC, Zip Code: 27834
Purpose of Expenditure: Radio Ad (Spec. Prim. Run-Off)
Category/Type: 004
Date of Public Distribution/Dissemination: 06/25/2019
Amount: 1200.00
Transaction ID: SE.6308
Date of Disbursement or Obligation: 06/25/2019

Name of Federal Candidate: MURPHY, GREGORY FRANCIS, Francis,
Support checked
Office Sought: House checked, District: 03, State: NC
Disbursement For: Other (specify) checked, Special-Primary

Full Name of Payee: Inner Banks Media
Mailing Address: 1884 W Arlington Blvd
City: Greenville, State: NC, Zip Code: 27834
Purpose of Expenditure: Radio Ad (Spec. Prim. Run-Off)
Category/Type: 004
Date of Public Distribution/Dissemination: 06/25/2019
Amount: 1200.00
Transaction ID: SE.6953
Date of Disbursement or Obligation: 06/25/2019

Name of Federal Candidate: MURPHY, GREGORY FRANCIS, Francis,
Support checked
Office Sought: House checked, District: 03, State: NC
Disbursement For: Other (specify) checked, Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 2400.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kremer, Amy, . .

[Electronically Filed]

Date: 07/31/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE SMART
FEC IDENTIFICATION NUMBER
C C00616912

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Novel Idea
Mailing Address
3508 Meridian Drive
City
McKinney State
TX Zip Code
75070
Purpose of Expenditure
Radio Ad (Spec. Prim. Run-Off)
Category/Type
004
Date of Public Distribution/Dissemination
06 / 25 / 2019
Amount
400.00
Transaction ID : SE.6955
Date of Disbursement or Obligation
06 / 25 / 2019

Name of Federal Candidate:
MURPHY, GREGORY FRANCIS, Francis,
Support
Office Sought:
House District: 03
State: NC
Disbursement For:
Other (specify)
Special-Primary

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Office Sought:
House District:
State:
Disbursement For:
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 400.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 3304.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kremer, Amy, . .
Signature

[Electronically Filed]

Date
07 / 31 / 2019