

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 24 East 93rd Street Suite 1B New York NY 10128 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00341990 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 10 / 18 / 2012 through 11 / 26 / 2012

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

Type or Print Name of Treasurer Ms Melissa A. Mendez

Signature of Treasurer Ms Melissa A. Mendez [Electronically Filed] Date 12 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAROLYN'S PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		39411.11
(b) Cash on Hand at Beginning of Reporting Period.....	57978.01	
(c) Total Receipts (from Line 19)	12500.00	73550.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70478.01	112961.11
7. Total Disbursements (from Line 31).....	26690.00	69173.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43788.01	43788.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	1500.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CAROLYN'S PAC

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	7500.00	36050.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7500.00	36050.00
(b) Political Party Committees	5000.00	15000.00
(c) Other Political Committees (such as PACs).....	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12500.00	73550.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12500.00	73550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12500.00	73550.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	1750.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1750.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	55000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	7190.00	12423.10
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26690.00	69173.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26690.00	69173.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12500.00	73550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12500.00	73550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1750.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	1750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A. Bruce Ratner
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 E 28th St
 City New York State NY Zip Code 10075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forest City Ratner Companies Occupation Real Estate Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2012
Transaction ID : SA11AI.4733
 Amount of Each Receipt this Period
 2500.00
 Contribution

B. Elihu Rose
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 East 88th Street
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rose Associates Occupation Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.4739
 Amount of Each Receipt this Period
 5000.00
 Contribution

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11B.4737

Amount of Each Receipt this Period
5000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City State Zip Code
ROLLING MEADOWS IL 60008

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IL District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4714

Amount of Each Disbursement this Period

500.00

012
Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City State Zip Code
EAST MOLINE IL 61244

Purpose of Disbursement
Contribution

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4715

Amount of Each Disbursement this Period

1000.00

012
Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City State Zip Code
Syracuse NY 13214

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4721

Amount of Each Disbursement this Period

500.00

012
Category/
Type

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4710

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN DELANEY

Mailing Address PO BOX 60320

City POTOMAC State MD Zip Code 20854

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4725

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOSE HERNANDEZ FOR CONGRESS

Mailing Address PO BOX 1667

City MODESTO State CA Zip Code 95353

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4712

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR ARIZONA

Mailing Address PO BOX 12011

City State Zip Code
CASA GRANDE AZ 85130

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4723

Amount of Each Disbursement this Period

1000.00

012
Category/
Type

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City State Zip Code
CONCORD NH 03302

Purpose of Disbursement
Contribution

Candidate Name

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : SB23.4727

Amount of Each Disbursement this Period

1000.00

012
Category/
Type

Full Name (Last, First, Middle Initial)

C. MARK MURPHY FOR CONGRESS

Mailing Address 407 HENDERSON AVENUE

City State Zip Code
STATEN ISLAND NY 10301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : SB23.4729

Amount of Each Disbursement this Period

2500.00

012
Category/
Type

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

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

4500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. Working Families Party - Federal PAC/Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

Mailing Address 2 Nevins Street
3rd Floor

City Brooklyn State NY Zip Code 10019

Purpose of Disbursement
GOTV Contribution

011
Category/ Type

Transaction ID : SB23.4731

Amount of Each Disbursement this Period

10000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

10000.00

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

19500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

Full Name (Last, First, Middle Initial)

A. Trisha L. Attles

Mailing Address 2170 Century Park E

City Los Angeles State CA Zip Code 90067

Purpose of Disbursement
FR Consultant

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2012

Transaction ID : **SB29.4752**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Andrew Tulloch

Mailing Address 301 G Street, SW

City Washington State DC Zip Code 20024

Purpose of Disbursement
Legal Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2012

Transaction ID : **SB29.4730**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Andrew Tulloch

Mailing Address 301 G Street, SW

City Washington State DC Zip Code 20024

Purpose of Disbursement
Legal Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2012

Transaction ID : **SB29.4745**

Amount of Each Disbursement this Period

4000.00

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

7000.00

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

7000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

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

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>	Transaction ID : SD9.4141	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD9.4140	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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