

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 07 / 01 / 2018 through 09 / 30 / 2018

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

Signature of Treasurer Mendez, Melissa, A., Ms, [Electronically Filed] Date 10 / 15 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**CAROLYN'S PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value=""/>	<input type="text" value="60953.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79868.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30500.00"/>	<input type="text" value="131500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="110368.92"/>	<input type="text" value="192453.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="55957.38"/>	<input type="text" value="138042.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="54411.54"/>	<input type="text" value="54411.54"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1500.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**CAROLYN'S PAC**

Report Covering the Period: From:  /  /  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).....	6500.00	91000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6500.00	91000.00
(b) Political Party Committees .....	24000.00	40500.00
(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) .....	30500.00	131500.00
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)).....▶	30500.00	131500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30500.00	131500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	72000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	13957.38	66042.01
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)) ..	55957.38	138042.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55957.38	138042.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	30500.00	131500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30500.00	131500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

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

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

**A. Crotty, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Duane St.  
 City New York State NY Zip Code 10007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 19 / 2018  
**Transaction ID : SA11AI.5344**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Donation

**B. Federico, Dee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Newton Ave  
 City Riverhead State NY Zip Code 11901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Design Darling Institute Occupation (for Individual) Designer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2018  
**Transaction ID : SA11AI.5338**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Donation

**C. Federico, Dee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Newton Ave  
 City Riverhead State NY Zip Code 11901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Design Darling Institute Occupation (for Individual) Designer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : SA11AI.5340**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Donation

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robotti, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 W 67th Street  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedShadow Occupation (for Individual) Founder & President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 20 / 2018  
**Transaction ID : SA11AI.5348**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Donation

**B. Villaverde, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 E 51st Street  
 City New York State NY Zip Code 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Milbank, Tweed, Hadley & McClo Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 28 / 2018  
**Transaction ID : SA11AI.5346**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Donation

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1225 CONNECTICUT AVE NW SUITE 800

City WASHINGTON	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00227744

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

**Transaction ID : SA11B.5343**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Donation

**B. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00105981

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2018

**Transaction ID : SA11B.5337**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Donation

**C. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00105981

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2018

**Transaction ID : SA11B.5342**

Amount of Each Receipt this Period  
4000.00

Memo Item  
Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City SPRINGFIELD	State MA	Zip Code 01111
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00118943

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2018

**Transaction ID : SA11B.5358**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Donation

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Oppenheimer Funds Political Action Committee

Mailing Address 1295 State Street

City Springfield	State MA	Zip Code 01111
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FEC ID number of contributing federal political committee. **C** C00367920

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2018

**Transaction ID : SA11B.5357**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Donation

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Sheet Metal Workers Intnal. Assn. PAC

Mailing Address 500 Greenwich Street  
Suite 502

City New York	State NY	Zip Code 10013
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FEC ID number of contributing federal political committee. **C** C00007542

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

**Transaction ID : SA11B.5352**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 ATLANTIC STREET  
 C/O PER DYRVIK  
 City STAMFORD State CT Zip Code 06901  
 FEC ID number of contributing federal political committee. **C** C00012245  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 09 / 27 / 2018  
**Transaction ID : SA11B.5354**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Donation

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	24000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. AMY MCGRATH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 875

M M M	/	D D D	/	Y Y Y Y Y
09		20		2018

City  
GEORGETOWN

State  
KY

Zip Code  
40324

FEC Identification Number

Purpose of Disbursement  
Donation

C	C00646745
---	-----------

Candidate Name

011
Category/ Type

**Transaction ID : SB23.5416**

Amount of Each Disbursement this Period

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

500.00
--------

Memo Item

**B. ANTONIO DELGADO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 802

M M M	/	D D D	/	Y Y Y Y Y
09		11		2018

City  
RHINEBECK

State  
NY

Zip Code  
12572

FEC Identification Number

Purpose of Disbursement  
Donation

C	C00633859
---	-----------

Candidate Name

011
Category/ Type

**Transaction ID : SB23.5414**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

1000.00
---------

Memo Item

**C. Brindisi for Congress**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 165

M M M	/	D D D	/	Y Y Y Y Y
08		27		2018

City  
Utica

State  
NY

Zip Code  
13503

FEC Identification Number

Purpose of Disbursement  
Donation

C	C00648725
---	-----------

Candidate Name

011
Category/ Type

**Transaction ID : SB23.5401**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

500.00
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Memo Item

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

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brindisi for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address PO BOX 165		FEC Identification Number C C00341990 <b>Transaction ID : SB23.5386</b>
City Utica	State NY	Zip Code 13503
Purpose of Disbursement Donation	Category/ Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name <b>CAROLYN'S PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: District:	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brindisi for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2018
Mailing Address PO BOX 165		FEC Identification Number C C00648725 <b>Transaction ID : SB23.5410</b>
City Utica	State NY	Zip Code 13503
Purpose of Disbursement Donation	Category/ Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NY District: 22	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CHRISSY HOULAHAN FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2018
Mailing Address PO BOX 222		FEC Identification Number C C00637371 <b>Transaction ID : SB23.5399</b>
City DEVON	State PA	Zip Code 19333
Purpose of Disbursement Donation	Category/ Type 011	Amount of Each Disbursement this Period 500.00
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: PA District: 06	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. COLLIN ALLRED FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 601631

City DALLAS State TX Zip Code 75360

Purpose of Disbursement  
Donation

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 32

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 20 / 2018

FEC Identification Number

**C** C00637868

**Transaction ID : SB23.5418**

Amount of Each Disbursement this Period

500.00

Memo Item

**B. Delgado for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 802

City Rhinebeck State NY Zip Code 12572

Purpose of Disbursement  
Donation

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 11 / 2018

FEC Identification Number

**C** C00633859

**Transaction ID : SB23.5388**

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Donation

**011**  
Category/  
Type

Candidate Name  
**CAROLYN'S PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 31 / 2018

FEC Identification Number

**C** C00341990

**Transaction ID : SB23.5367**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 430 South Capitol Street, SE  
2nd Floor

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

City Washington State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
Donation

C	C00000935
---	-----------

Candidate Name

011
Category/ Type

**Transaction ID : SB23.5392**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

25000.00
----------

Memo Item

**B. Dilan for New York**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 11 Crescent Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	8

City Brooklyn State NY Zip Code 11208

FEC Identification Number

Purpose of Disbursement  
Donation

C	C00514554
---	-----------

Candidate Name

011
Category/ Type

**Transaction ID : SB23.5395**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: NY District: 07

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

500.00
--------

Memo Item

**C. ERIC FOR US**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 8235

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

City CORPUS CHRISTI State TX Zip Code 78468

FEC Identification Number

Purpose of Disbursement  
Donation

C	C00641340
---	-----------

Candidate Name

011
Category/ Type

**Transaction ID : SB23.5403**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: TX District: 27

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

500.00
--------

Memo Item

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

26000.00
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DANA BALTER</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address 2200 S Salina St.		FEC Identification Number C C00655183 <b>Transaction ID : SB23.5411</b> Amount of Each Disbursement this Period 1000.00
City Syracuse	State NY	Zip Code 13205
Purpose of Disbursement Donation		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>B. GINA ORTIZ JONES FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address PO BOX 769186		FEC Identification Number C C00652297 <b>Transaction ID : SB23.5405</b> Amount of Each Disbursement this Period 250.00
City SAN ANTONIO	State TX	Zip Code 78245
Purpose of Disbursement Donation		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 23	

Full Name (Last, First, Middle Initial) <b>C. GINA ORTIZ JONES FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address PO BOX 769186		FEC Identification Number C C00652297 <b>Transaction ID : SB23.5408</b> Amount of Each Disbursement this Period 250.00
City SAN ANTONIO	State TX	Zip Code 78245
Purpose of Disbursement Donation		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 23	

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Max Rose for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address 629 Forest Ave.		FEC Identification Number C 00652248 <b>Transaction ID : SB23.5390</b>
City Staten Island	State NY	Zip Code 10310
Purpose of Disbursement Donation	Category/Type 011	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY District: 11		

Full Name (Last, First, Middle Initial) <b>B. McCready for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2018
Mailing Address PO Box 78855		FEC Identification Number C 00641381 <b>Transaction ID : SB23.5380</b>
City Charlotte	State NC	Zip Code 28277
Purpose of Disbursement Donation	Category/Type 011	
Candidate Name	Amount of Each Disbursement this Period 500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC District: 09		

Full Name (Last, First, Middle Initial) <b>C. PERRY GERSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2018
Mailing Address 20 Mile Hill Road		FEC Identification Number C 00341990 <b>Transaction ID : SB23.5371</b>
City East Hampton	State NY	Zip Code 11937
Purpose of Disbursement Donation	Category/Type 011	
Candidate Name <b>CAROLYN'S PAC</b>	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Ron Dinicola for Congress**

Mailing Address 229 Maryland Ave

City Erie State PA Zip Code 16505

Purpose of Disbursement  
Donation

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 21

Date of Disbursement

/  /

FEC Identification Number

**C** C00285270

**Transaction ID : SB23.5397**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**B. SUSAN WILD FOR CONGRESS**

Mailing Address 1636 N Cedar Crest Blvd

City Allentown State PA Zip Code 18104

Purpose of Disbursement  
Donation

**011**  
Category/  
Type

Candidate Name

**CAROLYN'S PAC**

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

Date of Disbursement

/  /

FEC Identification Number

**C** C00341990

**Transaction ID : SB23.5384**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)  
**C. VAN DREW FOR CONGRESS**

Mailing Address PO BOX 671

City CAPE MAY COURT HOUSE State NJ Zip Code 08210

Purpose of Disbursement  
Donation

**011**  
Category/  
Type

Candidate Name

**CAROLYN'S PAC**

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

Date of Disbursement

/  /

FEC Identification Number

**C** C00341990

**Transaction ID : SB23.5374**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Williams for Montana</b>			Date of Disbursement MM / DD / YYYY 09 / 07 / 2018		
Mailing Address PO BOX 548			FEC Identification Number C 00659177 <b>Transaction ID : SB23.5393</b>		
City Bozeman	State MT	Zip Code 59771	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Donation		Category/ Type 011	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: MT	District: 00				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	42000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P,O, Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Merchant Discount

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.5424**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address P,O, Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Merchant Discount

Category/  
Type

Candidate Name

**CAROLYN'S PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

C00341990  
**Transaction ID : SB29.5369**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address P,O, Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
Merchant Discount

Category/  
Type

Candidate Name

**CAROLYN'S PAC**

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

C00341990  
**Transaction ID : SB29.5373**  
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)  
**CAROLYN'S PAC**

**A. Friend of Linda Manucci**

Full Name (Last, First, Middle Initial)

Mailing Address 16 Court Street  
Suite 2304

City Brooklyn State NY Zip Code 11241

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 15 / 2018

FEC Identification Number C

Transaction ID : SB29.5376

Amount of Each Disbursement this Period 1000.00

Memo Item

**B. Friends of Kathy Hochul**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 122

City Buffalo State NY Zip Code 14201

Purpose of Disbursement Donation

Candidate Name CAROLYN'S PAC

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 05 / 2018

FEC Identification Number C C00341990

Transaction ID : SB29.5362

Amount of Each Disbursement this Period 2000.00

Memo Item

**C. Harlem Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 193 Malcolm X Blvd  
Suite 1

City New York State NY Zip Code 10026

Purpose of Disbursement NY FR Consultant

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 01 / 2018

FEC Identification Number C

Transaction ID : SB29.5423

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)..... ▶

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Harlem Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 193 Malcolm X Blvd  
Suite 1

City New York State NY Zip Code 10026

Purpose of Disbursement NY FR Consultant

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 01 / 2018

FEC Identification Number C

Transaction ID : **SB29.5368**

Amount of Each Disbursement this Period 1000.00

Memo Item

**B. Harlem Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 193 Malcolm X Blvd  
Suite 1

City New York State NY Zip Code 10026

Purpose of Disbursement NY FR Consultant

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 01 / 2018

FEC Identification Number C C00341990

Transaction ID : **SB29.5370**

Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Robert Jackson for State Senate 2018**

Full Name (Last, First, Middle Initial)

Mailing Address 728 W 181st Street

City New York State NY Zip Code 10033

Purpose of Disbursement Donation

Candidate Name **CAROLYN'S PAC**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 15 / 2018

FEC Identification Number C C00341990

Transaction ID : **SB29.5360**

Amount of Each Disbursement this Period 500.00

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Silverberg, June, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2018
Mailing Address 9571 SE 43rd Street		FEC Identification Number C C00341990 <b>Transaction ID : SB29.5359</b>
City Mercer Island	State WA	Zip Code 98040
Purpose of Disbursement DC FR Consultant		Category/ Type 001
Candidate Name <b>CAROLYN'S PAC</b>		Amount of Each Disbursement this Period 6650.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tulloch, Andrew, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2018
Mailing Address 301 G Street, SW		FEC Identification Number C <b>Transaction ID : SB29.5402</b>
City Washington	State DC	Zip Code 20024
Purpose of Disbursement Donation		Category/ Type 011
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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:		

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

7150.00

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

13857.38

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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

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

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

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

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

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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