

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 AUG - 3 AM 10:13

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

FEMINIST MAJORITY PAC

ADDRESS (number and street) 1600 WILSON BLVD.

Check if different than previously reported. (ACC) SUITE 801
ARLINGTON VA 22209

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

C00377168

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 ELEANOR SMEAL, ASSISTANT TREASURER

Signature of Treasurer Eleanor Smeal Date MM / DD / YYYY

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

FEMINIST MAJORITY PAC

Report Covering the Period: From:

To:

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="219758"/>	<input type="text" value="219758"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="219758"/>	<input type="text" value="219758"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="850900"/>	<input type="text" value="850900"/>
(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="1070658"/>	<input type="text" value="1070658"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="672004"/>	<input type="text" value="672004"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="398654"/>	<input type="text" value="398654"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>

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

2017-08-08 08:00 AM

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FEMINIST MAJORITY PAC

Report Covering the Period: From:

01 / 01 / 2017

To:

06 / 30 / 2017

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8000.00

8000.00

(ii) Unitemized.....

509.00

509.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8509.00

8509.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

8509.00

8509.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

8509.00

8509.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

8509.00

8509.00

2017-08-01 01:00:00

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	720.04	720.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	720.04	720.04
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements (Including Non-Federal Donations).....	2500.00	2500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6720.04	6720.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6720.04	6720.04

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8509.00	8509.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8509.00	8509.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	720.04	720.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7788.96	7788.96

2017-08-08 10:00 AM

**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 16
(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)
FEMINIST MAJORITY PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. RNA REYES

Mailing Address
725-12th St., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) WILLIAMS & CONNOLLY, LLP Occupation (for Individual) ATTORNEY

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2,000.00

Date of Receipt
06/26/2017

Amount of Each Receipt this Period
2,000.00

Memo Item

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

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

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

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

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

2,000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELEANOR SMEAL

Mailing Address
900 N. STAFFORD ST.

City **ARLINGTON** State **VA** Zip Code **22203**

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

Name of Employer (for Individual) **FEMINIST MAJORITY FDN** Occupation (for Individual) **PRESIDENT / EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **02 / 23 / 2017**

Amount of Each Receipt this Period **2500.00**

Memo Item

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

Mailing Address
900 N. STAFFORD ST.

City **ARLINGTON** State **VA** Zip Code **22203**

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

Name of Employer (for Individual) **FEMINIST MAJORITY FDN** Occupation (for Individual) **PRESIDENT / EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **06 / 23 / 2017**

Amount of Each Receipt this Period **2500.00**

Memo Item

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

Mailing Address
PO BOX 837

City **VENICE** State **CA** Zip Code **90294**

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

Name of Employer (for Individual) **FEMINIST MAJORITY FDN** Occupation (for Individual) **EXECUTIVE DIR.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **06 / 26 / 2017**

Amount of Each Receipt this Period **1000.00**

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ **6000.00**

TOTAL This Period (last page this line number only) ▶ **8000.00**

**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)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. PAY PAL, INC.
Mailing Address 4100 SOLUTIONS CENTER, #774100
City CHICAGO State IL Zip Code 60677
Purpose of Disbursement MONTHLY TRANSACTION FEE Category/Type 0.01
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

Date of Disbursement

01 / 03 / 2017

FEC Identification Number

C _____

Amount of Each Disbursement this Period

54.10

Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA, NA
Mailing Address PO BOX 15284
City WILMINGTON State DE Zip Code 19850
Purpose of Disbursement BANK SERVICE CHARGE Category/Type 0.01
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

Date of Disbursement

01 / 01 / 2017

FEC Identification Number

C _____

Amount of Each Disbursement this Period

1.50

Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA NA
Mailing Address PO BOX 15284
City WILMINGTON State DE Zip Code 19850
Purpose of Disbursement BANK SERVICE CHARGE Category/Type 0.01
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

Date of Disbursement

01 / 05 / 2017

FEC Identification Number

C _____

Amount of Each Disbursement this Period

100.11

Memo Item

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

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

155.71

**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)						PAGE <u>9</u> OF <u>16</u>		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
PAY PAL, INC.

Date of Disbursement
02 / 03 / 2017

Mailing Address
4100 SOLUTIONS CENTER, #774100

City **CHICAGO** State **IL** Zip Code **60677**

Purpose of Disbursement
MONTHLY TRANSACTION FEE Category/Type **0.01**

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

Amount of Each Disbursement this Period
54.10

Memo Item

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA, NA

Date of Disbursement
02 / 01 / 2017

Mailing Address
PO BOX 15284

City **WILMINGTON** State **DE** Zip Code **19850**

Purpose of Disbursement
BANK SERVICE CHARGE Category/Type **0.01**

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

Amount of Each Disbursement this Period
72.24

Memo Item

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional) **126.34**

TOTAL This Period (last page this line number only)

2017-08-01 08:00 AM

**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)						PAGE <u>10</u> OF <u>16</u>		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
PAY PAL, INC.

Date of Disbursement
03 / 03 / 2017

Mailing Address
4100 SOLUTIONS CENTER, #774100

City **CHICAGO** State **IL** Zip Code **60677**

Purpose of Disbursement
MONTHLY TRANSACTION FEE Category/Type **0.01**

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

Amount of Each Disbursement this Period
54.10

Memo Item

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA, NA

Date of Disbursement
03 / 15 / 2017

Mailing Address
PO BOX 15284

City **WILMINGTON** State **DE** Zip Code **19850**

Purpose of Disbursement
BANK SERVICE CHARGE Category/Type **0.01**

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

Amount of Each Disbursement this Period
55.26

Memo Item

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

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

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional) **109.36**

TOTAL This Period (last page this line number only)

2017-03-15 08:00:00

**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)						PAGE <u>11</u> OF <u>16</u>
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b		

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
PAY PAL, INC.

Mailing Address
4100 SOLUTIONS CENTER, #774100

City **CHICAGO** State **IL** Zip Code **60677**

Purpose of Disbursement
MONTHLY TRANSACTION FEE Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement
04 / 03 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
54.10

Memo Item

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA, NA

Mailing Address
PO BOX 15284

City **WILMINGTON** State **DE** Zip Code **19850**

Purpose of Disbursement
BANK SERVICE CHARGE Category/Type **001**

Candidate Name

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

State: District:

Date of Disbursement
04 / 19 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
56.48

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional) **110.58**

TOTAL This Period (last page this line number only)

2017-08-01 08:00:00

**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)						PAGE <u>12</u> OF <u>16</u>		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
PAY PAL, INC.

Mailing Address
4100 SOLUTIONS CENTER, #774100

City **CHICAGO** State **IL** Zip Code **60677**

Purpose of Disbursement
MONTHLY TRANSACTION FEE

Candidate Name
001 Category/Type

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

State: _____ District: _____

Date of Disbursement
05 / 03 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
54.10

Memo Item

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA, NA

Mailing Address
PO BOX 15284

City **WILMINGTON** State **DE** Zip Code **19850**

Purpose of Disbursement
BANK SERVICE CHARGE

Candidate Name
001 Category/Type

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

State: _____ District: _____

Date of Disbursement
05 / 03 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
53.50

Memo Item

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

Mailing Address

City _____ State _____ Zip Code _____

Purpose of Disbursement

Candidate Name

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

State: _____ District: _____

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... **107.60**

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

2017-08-01 08:00 AM

**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)					PAGE <u>3</u> OF <u>16</u>
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
PAY PAL, INC.

Date of Disbursement
06 / 03 / 2017

Mailing Address
4100 SOLUTIONS CENTER, #774100

City
CHICAGO State
IL Zip Code
60677

Purpose of Disbursement
MONTHLY TRANSACTION FEE Category/Type
001

Amount of Each Disbursement this Period
54.10

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

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA, NA

Date of Disbursement
06 / 05 / 2017

Mailing Address
PO BOX 15284

City
WILMINGTON State
DE Zip Code
19850

Purpose of Disbursement
BANK SERVICE CHARGE Category/Type
001

Amount of Each Disbursement this Period
56.35

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

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

Date of Disbursement
M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)..... **110.45**

TOTAL This Period (last page this line number only)..... **720.04**

2017-08-01 08:00 AM

**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)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
TAMMY BALDWIN FOR SENATE

Date of Disbursement
MM/DD/YYYY: **03/01/2017**

Mailing Address
328 MASSACHUSETTS AVE., NE

City: **WASHINGTON** State: **DC** Zip Code: **20002**

Purpose of Disbursement
CONTRIBUTION Category/Type: **011**

Candidate Name
TAMMY BALDWIN

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

State: **WI** District: _____

FEC Identification Number
C00326801

Amount of Each Disbursement this Period
1,000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ALISON FOR VIRGINIA

Date of Disbursement
MM/DD/YYYY: **06/27/2017**

Mailing Address
PO BOX 1075

City: **MCC LEAN** State: **VA** Zip Code: **22101**

Purpose of Disbursement
CONTRIBUTION Category/Type: **011**

Candidate Name
ALISON FRIEDMAN

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

State: **VA** District: **10**

FEC Identification Number
C00647024

Amount of Each Disbursement this Period
2,500.00

Memo Item

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

Date of Disbursement
MM/DD/YYYY: _____

Mailing Address

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement

Candidate Name

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

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **3,500.00**

TOTAL This Period (last page this line number only).....▶ **3,500.00**

2017-08-08 10:00:00 AM

**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)					PAGE <u>15</u> OF <u>16</u>
	<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)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CHARNIELE HERRING

Mailing Address
PO BOX 11779

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
CONTRIBUTION Category/Type 0.11

Candidate Name
[Blank]

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

State: VA District: 46

Date of Disbursement
01 / 06 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
1,000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SIDBHAN "SAM" BENNETT

Mailing Address
PO BOX 3181

City ALLEN TOWN State PA Zip Code 18106

Purpose of Disbursement
CONTRIBUTION Category/Type 0.11

Candidate Name
SIDBHAN "SAM" BENNETT

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ALLEN TOWN CITY MAYOR

State: PA District: ALLEN TOWN

Date of Disbursement
04 / 17 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

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

Mailing Address
2896 BURGANDY PLACE

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement
CONTRIBUTION Category/Type 0.11

Candidate Name
HALA AYALA

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

State: VA District: 51

Date of Disbursement
04 / 17 / 2017

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... 2,000.00

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

2017-08-08 10:00 AM

**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)

FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial) NORTHAM FOR GOVERNOR			Date of Disbursement 05 / 26 / 2017	
Mailing Address PO BOX 16249			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22215	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement CONTRIBUTION		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name RALPH NORTHAM	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District:	GOVERNOR		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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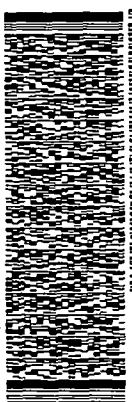


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