

**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

National Organization for Women PAC

ADDRESS (number and street) ▼

1100 H Street, NW

3rd Fl

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00092247

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
12 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

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 Allendra Letsome

Signature of Treasurer

Allendra Letsome

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 08 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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
12		01		2011

To:

M M	/	D D	/	Y Y Y Y Y Y
12		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y Y</div><div>2011</div></div>		<div><div></div><div>37856.23</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>62946.27</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>2000.25</div></div>	<div><div></div><div>54094.52</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>64946.52</div></div>	<div><div></div><div>91950.75</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>7322.62</div></div>	<div><div></div><div>34326.85</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>57623.90</div></div>	<div><div></div><div>57623.90</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
12	/	01	/	2011

To:

M M	/	D D	/	Y Y Y Y
12	/	31	/	2011

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).....

505.00

7965.00

(ii) Unitemized

1280.25

42506.02

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1785.25

50471.02

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

1785.25

50471.02

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.).....

215.00

3623.50

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))..... ▶

2000.25

54094.52

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

2000.25

54094.52

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	5087.62	26016.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5087.62	26016.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	6000.00
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	30.00
(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	30.00
29. Other Disbursements	1235.00	2280.00
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)) ..	7322.62	34326.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7322.62	34326.85

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)	1785.25	50471.02
34. Total Contribution Refunds (from Line 28(d))	0.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1785.25	50441.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5087.62	26016.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	5087.62	26016.85

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 18

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Armer

Mailing Address 1700 De Anza Blvd. #114

City State Zip Code
 San Mateo CA 94403-3967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2011

Transaction ID : SA11AI.39209

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City State Zip Code
 Newburyport MA 01950-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N. ESSEX COMM COLLEGE, HAVERHILL,
MA

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2011

Transaction ID : SA11AI.39210

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Bennett

Mailing Address 5849 N Bernard Street

City State Zip Code
 Chicago IL 60659-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

State of Illinois

Rehab Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 20 / 2011

Transaction ID : SA11AI.39211

Amount of Each Receipt this Period

100.00

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

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

160.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Mr Morgan Clark

Mailing Address 203 Academy St.

City

South Orange

State

NJ

Zip Code

07079-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39220

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ms. Xandra Coe

Mailing Address 3827 Sheridan Avenue, S.

City

Minneapolis

State

MN

Zip Code

55410-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39222

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Diane G Dicarlo

Mailing Address 65 Wellesley Ave

City

Needham

State

MA

Zip Code

02494-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39225

Amount of Each Receipt this Period

35.00

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

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

80.00

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

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms Sue Errington

Mailing Address 3200 Brook Drive

City

Muncie

State

IN

Zip Code

47304-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

planned parenthood of greater indiana

Occupation

director of public policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39226

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Ms. Edith Herron

Mailing Address 36 Park Avenue

City

Rehoboth Beach

State

DE

Zip Code

19971-2842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Computer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39237

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ms. Betty J Holling

Mailing Address 15 Sylvan Avenue

City

Chelmsford

State

MA

Zip Code

01824-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer

none

Occupation

homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39240

Amount of Each Receipt this Period

35.00

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

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

105.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms. Terry O'Neill Esq.

Mailing Address 8322 N. Brook Lane

City

Bethesda

State

MD

Zip Code

20814-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery County Council

Occupation

Chief of Staff to CM Tractenberg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39256

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Carol Roggenstein

Mailing Address 3852 Dunes Road

City

Palm Beach Gardens

State

FL

Zip Code

33410-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palm Beach County, FL

Occupation

Librarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39258

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Ms. Elsa Schultz

Mailing Address 50 Coe Rd #111

City

Belleair, FL 3375

State

FL

Zip Code

33756-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39260

Amount of Each Receipt this Period

20.00

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

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

140.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Mary C. Vassallo

Mailing Address 81 Greenmount Terrace

City

Waterbury

State

CT

Zip Code

06708-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Educator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA11AI.39269

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

20.00

505.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms Joan H Bacall

Mailing Address 15 Eagle Drive

City

Newmarket

State

NH

Zip Code

03857-1742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA17.40428

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ms. M Coleen Barker

Mailing Address 33542 Valle Road

City

San Juan Capistrano

State

CA

Zip Code

92675-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Financial Group

Occupation

Mortgage Loan Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA17.40427

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ms Rebecca Behrendt

Mailing Address 3403 Field Ave

City

Anacortes

State

WA

Zip Code

98221-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA17.40429

Amount of Each Receipt this Period

20.00

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

70.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. MS EMILY LOUISE BRISTER

Mailing Address 1934 Covington Ct

City
Chico

State
CA

Zip Code
95926-9615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA17.40431

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ms. Zoanne Nordstrom

Mailing Address 370 Surrey Street

City

San Francisco

State

CA

Zip Code

94131-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA17.40425

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ms. Mona M Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : SA17.40430

Amount of Each Receipt this Period

35.00

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

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

85.00

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

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

FOR LINE NUMBER: PAGE 13 OF 18
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan E Williams

Mailing Address 12707 Murphy Road #70

City State Zip Code
 Stafford TX 77477-3096

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BECHTEL, HOUSTON, TX

Occupation
 GRAPHIC DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 20 2011

Transaction ID : SA17.40432

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ►

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

20.00

175.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Mal Warwick Associates

Mailing Address 2550 9th Street
Suite 103

City Berkeley State CA Zip Code 94710

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SB21B.39280

Amount of Each Disbursement this Period

4611.28

Full Name (Last, First, Middle Initial)

B. Mal Warwick Associates

Mailing Address 2550 9th Street
Suite 103

City Berkeley State CA Zip Code 94710

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 21 / 2011

Transaction ID : SB21B.39281

Amount of Each Disbursement this Period

255.00

Full Name (Last, First, Middle Initial)

C. Payment Solutions

Mailing Address P O Box 30217

City Bethesda State MD Zip Code 20924

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 07 / 2011

Transaction ID : SB21B.39275

Amount of Each Disbursement this Period

124.20

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

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

4990.48

5053.44

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Organization for Women PAC

A. ELIZABETH FOR MA INC

Date of Disbursement

Transaction ID : SB23.39282

Amount of Each Disbursement this Period

ELIZABETH WARREN

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State: MA District: 00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	For the purchase of land and buildings
2	For the purchase of machinery and equipment
3	For the purchase of inventory
4	For the purchase of supplies and materials
5	For the purchase of services
6	For the purchase of investments
7	For the purchase of securities
8	For the purchase of other assets
9	For the purchase of other liabilities
10	For the purchase of other equity
11	For the purchase of other income
12	For the purchase of other expenses
13	For the purchase of other assets
14	For the purchase of other liabilities
15	For the purchase of other equity
16	For the purchase of other income
17	For the purchase of other expenses
18	For the purchase of other assets
19	For the purchase of other liabilities
20	For the purchase of other equity
21	For the purchase of other income
22	For the purchase of other expenses
23	For the purchase of other assets
24	For the purchase of other liabilities
25	For the purchase of other equity
26	For the purchase of other income
27	For the purchase of other expenses
28	For the purchase of other assets
29	For the purchase of other liabilities
30	For the purchase of other equity
31	For the purchase of other income
32	For the purchase of other expenses
33	For the purchase of other assets
34	For the purchase of other liabilities
35	For the purchase of other equity
36	For the purchase of other income
37	For the purchase of other expenses
38	For the purchase of other assets
39	For the purchase of other liabilities
40	For the purchase of other equity
41	For the purchase of other income
42	For the purchase of other expenses
43	For the purchase of other assets
44	For the purchase of other liabilities
45	For the purchase of other equity
46	For the purchase of other income
47	For the purchase of other expenses
48	For the purchase of other assets
49	For the purchase of other liabilities
50	For the purchase of other equity
51	For the purchase of other income
52	For the purchase of other expenses
53	For the purchase of other assets
54	For the purchase of other liabilities
55	For the purchase of other equity
56	For the purchase of other income
57	For the purchase of other expenses
58	For the purchase of other assets
59	For the purchase of other liabilities
60	For the purchase of other equity
61	For the purchase of other income
62	For the purchase of other expenses
63	For the purchase of other assets
64	For the purchase of other liabilities
65	For the purchase of other equity
66	For the purchase of other income
67	For the purchase of other expenses
68	For the purchase of other assets
69	For the purchase of other liabilities
70	For the purchase of other equity
71	For the purchase of other income
72	For the purchase of other expenses
73	For the purchase of other assets
74	For the purchase of other liabilities
75	For the purchase of other equity
76	For the purchase of other income
77	For the purchase of other expenses
78	For the purchase of other assets
79	For the purchase of other liabilities
80	For the purchase of other equity
81	For the purchase of other income
82	For the purchase of other expenses
83	For the purchase of other assets
84	For the purchase of other liabilities
85	For the purchase of other equity
86	For the purchase of other income
87	For the purchase of other expenses
88	For the purchase of other assets
89	For the purchase of other liabilities
90	For the purchase of other equity
91	For the purchase of other income
92	For the purchase of other expenses
93	For the purchase of other assets
94	For the purchase of other liabilities
95	For the purchase of other equity
96	For the purchase of other income
97	For the purchase of other expenses
98	For the purchase of other assets
99	For the purchase of other liabilities
100	For the purchase of other equity

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. National Organization for Women, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Mailing Address 1100 H Street, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type**Transaction ID : SB29.40436**

Amount of Each Disbursement this Period

175.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. National Organization for Women, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Mailing Address 1100 H Street, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type**Transaction ID : SB29.40437**

Amount of Each Disbursement this Period

195.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. National Organization for Women, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2011

Mailing Address 1100 H Street, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type**Transaction ID : SB29.40438**

Amount of Each Disbursement this Period

270.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

640.00

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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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. National Organization for Women, Inc

Mailing Address 1100 H Street, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SB29.40439

Amount of Each Disbursement this Period

185.00

Full Name (Last, First, Middle Initial)

B. National Organization for Women, Inc

Mailing Address 1100 H Street, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SB29.40440

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

C. National Organization for Women, Inc

Mailing Address 1100 H Street, NW
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SB29.40441

Amount of Each Disbursement this Period

200.00

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

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

595.00

1235.00