

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Women's Campaign Forum

ADDRESS (number and street)

1900 L Street, NW Suite 500

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00424150

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
Quarterly 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

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

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

Siobhan Bennett

Signature of Treasurer

Electronically Filed by Siobhan Bennett

Date

07

30

2010

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)

2 / 84

Write or Type Committee Name
Women's Campaign Forum

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		8267.56
(b) Cash on Hand at Beginning of Reporting Period	13203.18	
(c) Total Receipts (from Line 19)	7238.00	137800.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20441.18	146068.23
7. Total Disbursements (from Line 31)	15829.16	141456.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4612.02	4612.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 84

Write or Type Committee Name

Women's Campaign Forum

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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)	1000.00	47953.00
(ii) Unitemized	1238.00	84847.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2238.00	132800.57
(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)	2238.00	132800.57
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	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.10
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 Transfer (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))	7238.00	137800.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7238.00	137800.67

DETAILED SUMMARY PAGE

of Disbursements

4 / 84

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	1207.66	35521.38	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1207.66	35521.38	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11750.00	71500.00	
24. Independent Expenditure (use Schedule E)	2871.50	26984.83	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	7450.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	15829.16	141456.21	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15829.16	141456.21	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 84

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)	2238.00	132800.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2238.00	132800.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1207.66	35521.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1207.66	35521.38

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 84

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

Women's Campaign Forum

A.

Full Name (Last, First, Middle Initial)

Comcast Corp PAC

Mailing Address 1500 Market St
Comcast Corp PAC

City	State	Zip Code
Philadelphia	PA	19102-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Transaction ID: C5329965

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 84

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

Women's Campaign Forum

A.

Full Name (Last, First, Middle Initial)

HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE

Mailing Address 180 HARBOR DRIVE SUITE 204-B

City

SAUSALITO

State

CA

Zip Code

94965

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

C00400473

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5226159

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

A. Form/Schedule : **SA16**
Transaction ID : **C5226159**

Reimbursement of the federal contribution WCF PAC did to Hillary Clinton for President for the general election.

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 9 / 84

<input checked="" 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 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)
Women's Campaign Forum

A. Full Name (Last, First, Middle Initial) Bankcard Merchant	Transaction ID: D274805 Date of Disbursement																				
Mailing Address 7300 Chapman Hwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
City Knoxville State TN Zip Code 37920-6612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Services Reimbursement of Fees Candidate Name	<table border="1"> <tr> <td colspan="10">-10.59</td> </tr> </table>	-10.59																			
-10.59																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bankcard Merchant	Transaction ID: D274813 Date of Disbursement																				
Mailing Address 7300 Chapman Hwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	8												
City Knoxville State TN Zip Code 37920-6612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Services Candidate Name	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Blue State Digital	Transaction ID: D275063 Date of Disbursement																				
Mailing Address 734 15th St NW Blue State Digital	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	8												
City Washington State DC Zip Code 20005-1021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Maintenance Candidate Name	<table border="1"> <tr> <td colspan="10">208.00</td> </tr> </table>	208.00																			
208.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

212.41

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 PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 84

<input checked="" 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 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)
Women's Campaign Forum**A.**Full Name (Last, First, Middle Initial)
Gordon & Schwenkmeyer, Inc.Mailing Address 300 N Sepulveda Blvd
Gordon & Schwenkmeyer, Inc.City State Zip Code
El Segundo CA 90245-4477Purpose of Disbursement
Telemarketing Service Fees

Candidate Name

003

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D274806

Date of Disbursement

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

Amount of Each Disbursement this Period

981.59

B.Full Name (Last, First, Middle Initial)
Harmon Curran Spielberg & EisenbergMailing Address 1726 M St NW
Harmon Curran Spielberg & EisenberCity State Zip Code
Washington DC 20036-4523Purpose of Disbursement
Bundling Program Legal Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D274941

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	8

Amount of Each Disbursement this Period

211.50

[MEMO ITEM]

C.Full Name (Last, First, Middle Initial)
Harmon Curran Spielberg & EisenbergMailing Address 1726 M St NW
Harmon Curran Spielberg & EisenberCity State Zip Code
Washington DC 20036-4523Purpose of Disbursement
Bundling Program Legal Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D274942

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	8

Amount of Each Disbursement this Period

211.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

981.59

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SB21B**
Transaction ID : **D274941**

This is to record the total amount invoiced for legal services connected to our bundling program, which presently has 25 candidates. The costs are shown as IEs for the candidates in our bundling program.

C. Form/Schedule : **SB21B**
Transaction ID : **D274942**

Payment of invoice 30505 from 10/23/08 for IE for our bundling program.

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

PAGE 12 / 84

<input checked="" 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 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)
Women's Campaign Forum**A.** Full Name (Last, First, Middle Initial)
Harmon Curran Spielberg & EisenbergMailing Address 1726 M St NW
Harmon Curran Spielberg & Eisenberg

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Bundling Program Legal Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D275001

Date of Disbursement

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

Amount of Each Disbursement this Period

120.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Harmon Curran Spielberg & EisenbergMailing Address 1726 M St NW
Harmon Curran Spielberg & Eisenberg

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Bundling Program Legal Fees

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D275003

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

120.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Jed Ober

Mailing Address 1627 5th St NW

City Washington State DC Zip Code 20001-2440

Purpose of Disbursement
Bundling Program Website Development

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D274859

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Amount of Each Disbursement this Period

994.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SB21B**
Transaction ID : **D275001**

This is to record the total amount invoiced for legal services connected to our bundling program, which presently has 25 candidates. The costs are shown as IEs for the candidates in our bundling program.

B. Form/Schedule : **SB21B**
Transaction ID : **D275003**

This is to record the payment of the invoice from 11/18/08 for legal fees for our bundling program.

C. Form/Schedule : **SB21B**
Transaction ID : **D274859**

This memo entry is to record the payment of the invoice from 10/20/08 for our bundling program website development.

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 15 / 84

<input checked="" 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 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)
Women's Campaign Forum

A. Full Name (Last, First, Middle Initial) Mr. Jed Ober	Transaction ID: D274867 Date of Disbursement																				
Mailing Address 1627 5th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	8												
City Washington State DC Zip Code 20001-2440	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bundling Program Website Development Candidate Name	<table border="1"> <tr> <td colspan="10">994.00</td> </tr> </table>	994.00																			
994.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Mr. Jed Ober	Transaction ID: D274907 Date of Disbursement																				
Mailing Address 1627 5th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	8												
City Washington State DC Zip Code 20001-2440	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bundling Program Website Development Candidate Name	<table border="1"> <tr> <td colspan="10">546.00</td> </tr> </table>	546.00																			
546.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Mr. Jed Ober	Transaction ID: D274908 Date of Disbursement																				
Mailing Address 1627 5th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	8												
City Washington State DC Zip Code 20001-2440	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bundling Program Website Development Candidate Name	<table border="1"> <tr> <td colspan="10">546.00</td> </tr> </table>	546.00																			
546.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

A. Form/Schedule : **SB21B**
Transaction ID : **D274867**

This is to record the total amount invoiced for website development connected to our bundling program, which presently has 25 candidates. The costs are shown as IEs for the candidates in our bundling program.

B. Form/Schedule : **SB21B**
Transaction ID : **D274907**

This memo entry is to record the payment of the invoice from 11/03/08 for our bundling program website development.

C. Form/Schedule : **SB21B**
Transaction ID : **D274908**

This is to record the total amount invoiced for website development connected to our bundling program, which presently has 25 candidates. The costs are shown as IEs for the candidates in our bundling program.

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

PAGE 18 / 84

<input checked="" 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 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)
Women's Campaign Forum

A. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address PO Box 40031 Wachovia Bank, Regional Servicente <hr/> City Roanoke State VA Zip Code 24022-0031 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D275175 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2008</div> </div> <hr/> Amount of Each Disbursement this Period <div>13.66</div> <hr/> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Women's Campaign Forum <hr/> Mailing Address 1900 L Street NW Ste 500 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Pre-paid personel&overhead costs for Bundling Program Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D274814 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2008</div> </div> <hr/> Amount of Each Disbursement this Period <div>1000.00</div> <hr/> <div>001</div> Category/ Type [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Women's Campaign Forum <hr/> Mailing Address 1900 L Street NW Ste 500 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Use of pre-paid personel&overhead costs for Bundling Program Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D274790 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2008</div> </div> <hr/> Amount of Each Disbursement this Period <div>866.48</div> <hr/> <div>001</div> Category/ Type [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>13.66</div> <hr/> <div>1207.66</div>

B. Form/Schedule : **SB21B**
Transaction ID : **D274814**

To record invoice for the full amount of prepaid personel & overhead costs paid to the affiliated 50-1(c)(4) organization for overseeing the bundling program. The costs are shown as IEs for the candidates that are represented in our bundling program.

C. Form/Schedule : **SB21B**
Transaction ID : **D274790**

To allocate Bundling Program costs to the pre-paid \$1,000 invoiced&paid on 9/30/08 and a second \$1,000 invoiced&paid on 10/31/08 for WCF personnel & overhead costs.

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 20 / 84

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)
 Women's Campaign Forum

A.

Full Name (Last, First, Middle Initial)
 Collins for Senator

Mailing Address PO BOX 1096

City State Zip Code
 BANGOR ME 04402

Purpose of Disbursement
 Federal Contribution

Candidate Name
 Susan Collins

011
 Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 00

Transaction ID: D274807

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
 Hagan Senate Committee Inc.

Mailing Address PO BOX 29103

City State Zip Code
 GREENSBORO NC 27429

Purpose of Disbursement
 Federal Contribution

Candidate Name
 Kay Hagan

011
 Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: D274812

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1750.00

C.

Full Name (Last, First, Middle Initial)
 JUDY BIGGERT FOR CONGRESS

Mailing Address P.O. Box 637

City State Zip Code
 Hinsdale IL 60522

Purpose of Disbursement
 Federal Contribution

Candidate Name
 Judy Biggert

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: D274808

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

5250.00

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)

PAGE 21 / 84

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

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

NAME OF COMMITTEE (In Full)
Women's Campaign Forum

A. Full Name (Last, First, Middle Initial)
JEANNE SHAHEEN FOR SENATE

Mailing Address PO BOX 1510

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement
Federal Contribution

Candidate Name
Jeanne Shaheen

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 00

Transaction ID: D274809

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
TITUS FOR CONGRESS

Mailing Address 3711 East Sunset Road Suite G6

City Las Vegas State NV Zip Code 89120

Purpose of Disbursement
Federal Contribution

Candidate Name
Dina Titus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: D274810

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

3500.00

C. Full Name (Last, First, Middle Initial)
Wulsin for Congress

Mailing Address 8875 Spooky Ridge Lane

City Cincinnati State OH Zip Code 45242

Purpose of Disbursement
Federal Contribution

Candidate Name
Victoria Wulsin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: D274811

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

11750.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 22 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274816	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Annette Taddeo		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 300.92		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274818	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Morgenthau		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 23 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274820	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 1209.79			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274821	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Betsy Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 1209.79			
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 24 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274822	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christine Jennings		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274824	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 25 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274825	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274826	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett
Signature

Date MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 26 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274828	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274830	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 27 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274832	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Barnes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274834	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 28 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274836	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274838	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chellie Pingree		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 29 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274840	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Margaret Krupp		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274842	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 702.35		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 30 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274843	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274845	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Sam Bennett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 31 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274847	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274848	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 32 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274850	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Debbie Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 1209.77			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274851	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 27 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 292.30			
(a) SUBTOTAL of Itemized Independent Expenditures		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 33 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274852	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.76		2008	

Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274854	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judy Biggert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett
Signature

Date M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 34 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Women's Campaign Forum		Date MM / DD / YYYY 10 / 30 / 2008	
Mailing Address 1900 L Street NW Ste 500		Amount 40.00	
City State Zip Code Washington DC 20036		Transaction ID: D274856	
Purpose of Expenditure Pre-paid personnel & overhead costs for Bundling Program		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirsten Gillibrand		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 20 / 2008	
Mailing Address 1627 5th St NW		Amount 39.76	
City State Zip Code Washington DC 20001-2440		Transaction ID: D274863	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Annette Taddeo		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 300.92		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.76	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 35 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274865	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Morgenthau		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274869	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 36 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274870	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Betsy Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274872	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christine Jennings		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 37 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274874	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274875	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 38 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274876	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274877	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 39 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274879	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274882	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Barnes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 40 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274883	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274884	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 41 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274885	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chellie Pingree		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274887	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Margaret Krupp		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 42 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274888	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 702.35		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274890	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 43 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274891	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Sam Bennett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274893	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 44 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274894	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274896	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Debbie Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 45 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274899	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 27 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274901	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.76		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 46 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274903	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judy Biggert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 39.76	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274905	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirsten Gillibrand		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		79.52	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 47 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274909	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Annette Taddeo		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 300.92		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274910	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Morgenthau		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 48 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274911	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274912	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Betsy Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	43.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett
Signature

Date MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 49 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274913	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christine Jennings		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274914	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	43.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett
Signature

Date MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 50 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274915	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274916	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 51 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274917	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274918	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	43.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett

Signature

Date MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 52 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274919	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Barnes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274920	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 53 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274921	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274944	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Annette Taddeo		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 300.92		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		30.30	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 54 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274947	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Morgenthau		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274949	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 55 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274950	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Betsy Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274952	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christine Jennings		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 56 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274957	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274959	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	16.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett

Signature

Date MM / DD / YYYY

07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 57 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274963	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274965	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	16.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett
Signature

Date M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 58 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274968	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274971	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Barnes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 59 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274973	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274976	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 60 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274977	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chellie Pingree		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274979	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Margaret Krupp		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 61 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274980	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 702.35		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274982	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 62 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274983	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Sam Bennett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274987	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 63 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274989	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274991	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Debbie Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 64 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274992	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 27 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274993	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.76		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 65 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274994	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judy Biggert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 8.46	
City Washington State DC Zip Code 20036-4523		Transaction ID: D274995	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirsten Gillibrand		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		16.92	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 1 0	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 66 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275006	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Annette Taddeo		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 300.92		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275007	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Morgenthau		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 67 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275008	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275009	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Betsy Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 68 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275010	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christine Jennings		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275012	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	9.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett

Signature

Date MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 69 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275015	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275016	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	9.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett
Signature

Date MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 70 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275018	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275021	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Barnes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 71 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275022	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275024	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 72 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275027	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chellie Pingree		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275028	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Margaret Krupp		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 73 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275029	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 702.35		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275033	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 74 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275035	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Sam Bennett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275037	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 75 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275038	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275040	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Debbie Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 76 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8</div> </div>	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.80</div>	
City State Zip Code Washington DC 20036-4523		Transaction ID: D275042	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 27 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292.30</div>			

Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8</div> </div>	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.80</div>	
City State Zip Code Washington DC 20036-4523		Transaction ID: D275044	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1209.76</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">9.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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

Siobhan Bennett

Signature

Date

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 77 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275046	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judy Biggert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City Washington State DC Zip Code 20036-4523		Transaction ID: D275048	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirsten Gillibrand		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 78 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Harmon Curran Spielberg		Date MM / DD / YYYY 11 / 18 / 2008	
Mailing Address 1726 M St NW Harmon Curran Spielberg & Eisenber		Amount 4.80	
City State Zip Code Washington DC 20036-4523		Transaction ID: D275101	
Purpose of Expenditure Bundling Program Legal Fees		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City State Zip Code Washington DC 20001-2440		Transaction ID: D274923	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chellie Pingree		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		26.64	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 79 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274924	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Margaret Krupp		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274925	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 702.35		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 80 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City State Zip Code Washington DC 20001-2440		Transaction ID: D274926	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City State Zip Code Washington DC 20001-2440		Transaction ID: D274928	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Sam Bennett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 81 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274929	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274930	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 82 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274932	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Debbie Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.77		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274934	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 27 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 292.30		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		43.68	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Siobhan Bennett Signature		Date MM / DD / YYYY 07 / 30 / 2010	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 83 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER ▼ C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City State Zip Code Washington DC 20001-2440		Transaction ID: D274935	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.76		2008	

Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 11 / 03 / 2008	
Mailing Address 1627 5th St NW		Amount 21.84	
City State Zip Code Washington DC 20001-2440		Transaction ID: D274936	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judy Biggert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	43.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

Siobhan Bennett

Signature

Date

MM / DD / YYYY
07 / 30 / 2010

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 84 / 84

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER C C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th St NW		Amount 21.84	
City Washington State DC Zip Code 20001-2440		Transaction ID: D274937	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirsten Gillibrand		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1209.74		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	21.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2871.50

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

Siobhan Bennett
Signature

Date M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0