

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 Organic Consumers Fund PAC

ADDRESS (number and street) 1858 Mintwood Place, NW #4 Washington DC 20009 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00426338 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 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 Ms Alexis Lynn Baden-Mayer, Esq.

Signature of Treasurer Electronically Filed by Ms Alexis Lynn Baden-Mayer, Esq. Date 10 13 2008

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

Office Use Only table with 7 columns and 1 row, followed by FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Organic Consumers Fund PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">8.58</td></tr></table>	8.58
Y	Y	Y	Y									
2	0	0	8									
8.58												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">145.58</td></tr></table>	145.58										
145.58												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15394.00</td></tr></table>	15394.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">54252.22</td></tr></table>	54252.22								
15394.00												
54252.22												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15539.58</td></tr></table>	15539.58	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">54260.80</td></tr></table>	54260.80								
15539.58												
54260.80												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">14986.06</td></tr></table>	14986.06	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">53707.28</td></tr></table>	53707.28								
14986.06												
53707.28												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">553.52</td></tr></table>	553.52	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">553.52</td></tr></table>	553.52								
553.52												
553.52												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Organic Consumers Fund PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

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	1975.00	5950.00
(i) Itemized (use Schedule A) .....	13419.00	48302.22
(ii) Unitemized .....	15394.00	54252.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15394.00	54252.22
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	15394.00	54252.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15394.00	54252.22

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	14986.06	53707.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14986.06	53707.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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	0.00
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))..	14986.06	53707.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14986.06	53707.28

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	15394.00	54252.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15394.00	54252.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14986.06	53707.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14986.06	53707.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial) Martha B Clarron		Date of Receipt MM / DD / YYYY 07 / 19 / 2008
Mailing Address 119 E Hill Rd		<b>Transaction ID:</b> SA11AI.11314
City Hartwick	State NY	Zip Code 13348-3004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Patricia A Harvey		Date of Receipt MM / DD / YYYY 07 / 26 / 2008
Mailing Address 281 Sychar Rd		<b>Transaction ID:</b> SA11AI.11389
City San Diego	State CA	Zip Code 92114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Retired - Cfmng	Occupation Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Stephen Mcconnell		Date of Receipt MM / DD / YYYY 07 / 04 / 2008
Mailing Address 96 Chestnut Street		<b>Transaction ID:</b> SA11AI.11218
City Mars Hill	State NC	Zip Code 28754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self-employed	Occupation Architect	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.** Full Name (Last, First, Middle Initial)  
Theresa Perenich  
Mailing Address 215 Riverhill Dr  
City Athens State GA Zip Code 30606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt MM / DD / YYYY  
07 / 04 / 2008  
**Transaction ID:** SA11AI.11199  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Theresa Perenich  
Mailing Address 215 Riverhill Dr  
City Athens State GA Zip Code 30606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00  
Date of Receipt MM / DD / YYYY  
09 / 06 / 2008  
**Transaction ID:** SA11AI.11732  
Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Caroline Stoia  
Mailing Address 175 Saint Marks Ave #3  
City Brooklyn State NY Zip Code 11238  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt MM / DD / YYYY  
07 / 01 / 2008  
**Transaction ID:** SA11AI.11143  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 350.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14  
(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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
Caroline Stoia

Mailing Address 175 Saint Marks Ave #3

City State Zip Code  
Brooklyn NY 11238

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

Name of Employer Self-employed Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2008

Transaction ID: SA11AI.11393

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Caroline Stoia

Mailing Address 175 Saint Marks Ave #3

City State Zip Code  
Brooklyn NY 11238

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

Name of Employer Self-employed Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2008

Transaction ID: SA11AI.11624

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
James Streamo

Mailing Address 3430 Archdale Dr

City State Zip Code  
Raleigh NC 27614-6955

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2008

Transaction ID: SA11AI.11248

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14  
(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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Streamo

Mailing Address 3430 Archdale Dr

City Raleigh State NC Zip Code 27614-6955

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.11482

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
James Streamo

Mailing Address 3430 Archdale Dr

City Raleigh State NC Zip Code 27614-6955

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	0	8

**Transaction ID:** SA11AI.11769

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Louise Thompson

Mailing Address 30 Bank St # 2

City New York State NY Zip Code 10014-5207

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

Name of Employer Na Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  

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

**Transaction ID:** SA11AI.11110

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<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	

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Louise Thompson		Date of Receipt
	Mailing Address 30 Bank St # 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 12 / 2008
	City	State	Zip Code
	New York	NY	10014-5207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11241
Name of Employer Na		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Louise Thompson		Date of Receipt
	Mailing Address 30 Bank St # 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 16 / 2008
	City	State	Zip Code
	New York	NY	10014-5207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11517
Name of Employer Na		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Louise Thompson		Date of Receipt
	Mailing Address 30 Bank St # 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 13 / 2008
	City	State	Zip Code
	New York	NY	10014-5207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.11767
Name of Employer Na		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 14  
(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
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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
Steven Weiss

Mailing Address 148 Willow St Apt 3

City State Zip Code  
Brooklyn NY 11201-2258

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

Name of Employer Self-employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2008

**Transaction ID:** SA11AI.11782

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Christina Weppner

Mailing Address 127 West 82nd St #8c

City State Zip Code  
New York NY 10024

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

Name of Employer Springpoint Designs Occupation Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2008

**Transaction ID:** SA11AI.11789

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Wiesner

Mailing Address 841 Chestnut Ridge Rd

City State Zip Code  
Chestnut Ridge NY 10977

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

Name of Employer HUNGRY HOLLOW COOP Occupation GENERAL MANGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2008

**Transaction ID:** SA11AI.11487

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **575.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 14	
	(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"/> 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)  
Organic Consumers Fund PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James Zack		Date of Receipt																					
	Mailing Address 4 Woodland Drive		<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>0</td><td>9</td><td></td><td>0</td><td>6</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	0	9		0	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	6		2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.11733																			
	Saratoga Springs	NY	12866																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer SELF		Occupation COMPUTER CONSULTANT		<input type="text" value="100.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<input type="text" value="500.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1975.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

A.

Full Name (Last, First, Middle Initial)  
Ms Alexis Lynn Baden-Mayer, Esq.

Mailing Address 1858 Mintwood Place, NW #4

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Exempt Legal & Accounting (PAC Filing)

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.11887

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Hudson Bay Company of IL

Mailing Address 941 O Street Suite 625

City Lincoln State NE Zip Code 68508

Purpose of Disbursement  
Operating Expenses, Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.11885

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

687.44

C.

Full Name (Last, First, Middle Initial)  
Hudson Bay Company of IL

Mailing Address 941 O Street Suite 625

City Lincoln State NE Zip Code 68508

Purpose of Disbursement  
Operating Expenses, Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.11886

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

14259.62

SUBTOTAL of Disbursements This Page (optional) ▶

14947.06

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

14947.06

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 / 14	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hudson Bay Company of IL			Nature of Debt (Purpose): Telephone Fundraising
Mailing Address 941 O Street Suite 625			
City Lincoln	State NE	ZIP Code 68508	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.7239</b>	
687.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	687.44	0.00	

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