

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

Office Use Only

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

12FE4M5

National Organization for Women PAC

ADDRESS (number and street) ▼

1100 H Street, NW

3rd Fl

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00092247

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Allendra Letsome

Signature of Treasurer

Allendra Letsome

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		37856.23
(b) Cash on Hand at Beginning of Reporting Period.....	59676.08	
(c) Total Receipts (from Line 19)	1836.25	47790.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	61512.33	85647.00
7. Total Disbursements (from Line 31)	1761.72	25896.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59750.61	59750.61
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)

Page 3

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11	/	01	/	2011

To:

M M	/	D D	/	Y Y Y Y
11	/	30	/	2011

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

510.00

6640.00

(ii) Unitemized

1326.25

41150.77

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1836.25

47790.77

(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) ▶

1836.25

47790.77

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

1836.25

47790.77

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1836.25

47790.77

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	261.72	20791.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	261.72	20791.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	860.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	4030.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	30.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	30.00
29. Other Disbursements	0.00	185.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1761.72	25896.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1761.72	25896.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1836.25	47790.77
34. Total Contribution Refunds (from Line 28(d))	0.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1836.25	47760.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	261.72	20791.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	261.72	20791.39

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

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

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

NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Armer

Mailing Address 1700 De Anza Boulevard, #114

City State Zip Code
 San Mateo CA 94403-3967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.39139

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City State Zip Code
 Newburyport MA 01950-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N. ESSEX COMM COLLEGE, HAVERHILL,
MA

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.39188

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Bennett

Mailing Address 5849 N Bernard Street

City State Zip Code
 Chicago IL 60659-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

STATE OF ILLINOIS

REHAB COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39179

Amount of Each Receipt this Period

100.00

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

160.00

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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms. Xandra Coe

Mailing Address 3827 Sheridan Avenue, S.

City

Minneapolis

State

MN

Zip Code

55410-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39194

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ms. Diane DiCarlo

Mailing Address 65 Wellesley Avenue

City

Needham

State

MA

Zip Code

02494-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39155

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Ms. Sue Errington

Mailing Address 3200 Brook Drive

City

Muncie

State

IN

Zip Code

47304-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLANNED PARENTHOOD OF GREATER INDI.

Occupation

DIRECTOR OF PUBLIC POLICY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.39195

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms. Edith Herron

Mailing Address 36 Park Avenue

City

Rehoboth Beach

State

DE

Zip Code

19971-2842

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

COMPUTER CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39158

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ms. Betty Holling

Mailing Address 15 Sylvan Avenue

City

Chelmsford

State

MA

Zip Code

01824-2327

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39145

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Ms. Terry O'Neill Esq.

Mailing Address 8322 N. Brook Lane

City

Bethesda

State

MD

Zip Code

20814-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montgomery County Council

Occupation

Chief of Staff to CM Tractenberg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39193

Amount of Each Receipt this Period

100.00

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

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

175.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carol Roggenstein

Mailing Address 3852 Dunes Road

City

Palm Beach Gardens

State

FL

Zip Code

33410-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALM BEACH COUNTY, FL

Occupation

LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 21 / 2011

Transaction ID : SA11AI.39149

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ms. Elsa Schultz

Mailing Address 50 Coe Rd. #111

City

Belleair

State

FL

Zip Code

33756-1951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39160

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mrs. Mary Vassallo

Mailing Address 81 Greenmount Terrace

City

Waterbury

State

CT

Zip Code

06708-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

RETIRED EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 18 / 2011

Transaction ID : SA11AI.39140

Amount of Each Receipt this Period

20.00

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

60.00

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 10 OF 13
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Ms. Louise Young

Mailing Address 325 Pepperwood Dr

City

Little River

State

CA

Zip Code

95425-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Teacher

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : SA11AI.39176

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

25.00

510.00

**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 11 OF 13

<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)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Authorize.netMailing Address 915 S. 500 E.
Suite 200

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2011

Transaction ID : SB21B.39203

Amount of Each Disbursement this Period

25.20

Full Name (Last, First, Middle Initial)

B. Global STL NDPSMailing Address 10 Glenlake Parkway NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : SB21B.39201

Amount of Each Disbursement this Period

5.75

Full Name (Last, First, Middle Initial)

C. Global STL NDPSMailing Address 10 Glenlake Parkway NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : SB21B.39202

Amount of Each Disbursement this Period

94.19

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

125.14

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

PAGE 12 OF 13

<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)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Payment Solutions

Mailing Address P O Box 30217

City	State	Zip Code
Bethesda	MD	20924

Purpose of Disbursement

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2011

Transaction ID : SB21B.39196

Amount of Each Disbursement this Period

125.40

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

125.40

250.54

**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 13 OF 13

<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

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. BONAMICI FOR CONGRESS

Mailing Address 2236 SE 10TH AVE

City	State	Zip Code
PORTLAND	OR	97214

Purpose of Disbursement

Candidate Name

Suzanne Bonamici

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

Disbursement For: 2012

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

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : SB23.39198

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City	State	Zip Code
MADISON	WI	53701

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2012

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

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Transaction ID : SB23.39199

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1500.00

1500.00
