

National Organization for Women PAC

1100 H Street, NW

3rd Fl

Washington

DC

20005

FEC ID No. C00092247

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 11

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Cobre Restaurant

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

250.00

Mailing Address

812 N Broad St

City

Philadelphia

State

PA

Zip Code

19130

Purpose of Expenditure
room rentalCategory/
Type

007

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30774

Calendar Year-To-Date Per Election

4362.84

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Johanna Ettin

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

140.00

Mailing Address

1440 N Street NW

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure
food, lodging, travelCategory/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30767

Calendar Year-To-Date Per Election

4212.84

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

390.00

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Johanna Ettin

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

66.66

City State Zip Code
Washington DC 20005Purpose of Expenditure
field organizingCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4212.84

Transaction ID: SE.30771

Full Name (Last, First, Middle, Initial) of Payee

Johanna Ettin

Date

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

Amount

140.00

City State Zip Code
Washington DC 20005Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4214.87

Transaction ID: SE.30768

(a) SUBTOTAL of Itemized Independent Expenditures

206.66

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Johanna Ettin

Date

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

Amount

66.66

City State Zip Code
Washington DC 20005Purpose of Expenditure
field organizingCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4214.87

Transaction ID: SE.30772

Full Name (Last, First, Middle, Initial) of Payee

Michelle Kraus

Date

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

Amount

444.60

City State Zip Code
Menlo Park CA 94025Purpose of Expenditure
web google ad wordsCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4245.40

Transaction ID: SE.30777

(a) SUBTOTAL of Itemized Independent Expenditures

511.26

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Michelle Kraus

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Mailing Address

690 Creek Drive

Amount

442.94

City

Menlo Park

State

CA

Zip Code

94025

Purpose of Expenditure

web google ad words

Category/
Type

004

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30778

Calendar Year-To-Date Per Election

4361.18

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Michelle Kraus

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Mailing Address

690 Creek Drive

Amount

444.60

City

Menlo Park

State

CA

Zip Code

94025

Purpose of Expenditure

web google ad words

Category/
Type

004

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30781

Calendar Year-To-Date Per Election

4361.18

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

887.54

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Michelle Kraus

Date

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

Mailing Address

690 Creek Drive

Amount

442.94

City

Menlo Park

State

CA

Zip Code

94025

Purpose of Expenditure

web google ad words

Category/
Type

004

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30780

Calendar Year-To-Date Per Election

4214.87

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

MS STEPHANIE ORTOLEVA

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Mailing Address

DISABILITY RIGHTS CIC
2108 O STREET NW

Amount

26.25

City

WASHINGTON

State

DC

Zip Code

20037

Purpose of Expenditure

food, lodging, travel

Category/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30783

Calendar Year-To-Date Per Election

4214.87

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

469.19

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 6 / 11
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Organization for Women PAC		FEC IDENTIFICATION NUMBER C C00092247	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MS STEPHANIE ORTOLEVA		Date M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8	
Mailing Address DISABILITY RIGHTS CIC 2108 O STREET NW		Amount 26.25	
City WASHINGTON	State DC	Zip Code 20037	
Purpose of Expenditure food, lodging, travel		Category/ Type	002
Name of Federal Candidate supported or Opposed by expenditure: HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
4214.87		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.30784	
Full Name (Last, First, Middle, Initial) of Payee Ms. Marcia Pappas		Date M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 8	
Mailing Address 3 Equality Court		Amount 172.56	
City Albany	State NY	Zip Code 12205	
Purpose of Expenditure food, lodging, travel		Category/ Type	002
Name of Federal Candidate supported or Opposed by expenditure: HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
4245.40		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.30760	

(a) SUBTOTAL of Itemized Independent Expenditures	198.81
(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.	
Latifa Lyles Signature	M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Ms. Marcia Pappas

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

26.25

Mailing Address
3 Equality CourtCity State Zip Code
Albany NY 12205Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4214.87

Transaction ID: SE.30782

Full Name (Last, First, Middle, Initial) of Payee

Ms. Marcia Pappas

Date

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

Amount

172.56

Mailing Address
3 Equality CourtCity State Zip Code
Albany NY 12205Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4214.87

Transaction ID: SE.30761

(a) SUBTOTAL of Itemized Independent Expenditures

198.81

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

23.33

Mailing Address
5640 Kirkham Ct.City State Zip Code
Springfield VA 22151Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4096.17

Transaction ID: SE.30764

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

66.66

Mailing Address
5640 Kirkham Ct.City State Zip Code
Springfield VA 22151Purpose of Expenditure
field organizingCategory/
Type 001Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 4212.84

Transaction ID: SE.30769

(a) SUBTOTAL of Itemized Independent Expenditures

89.99

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

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

Amount

23.33

City

Springfield

State

VA

Zip Code

22151

Purpose of Expenditure
food, lodging, travelCategory/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30765

Calendar Year-To-Date Per Election
for Office Sought

4214.87

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

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

Amount

66.66

City

Springfield

State

VA

Zip Code

22151

Purpose of Expenditure
field organizingCategory/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30770

Calendar Year-To-Date Per Election
for Office Sought

4214.87

(a) SUBTOTAL of Itemized Independent Expenditures

89.99

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

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FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Ms. Olga Vives

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Mailing Address

4220 Campbell Avenue, #620

Amount

172.56

City

Arlington

State

VA

Zip Code

22206-3426

Purpose of Expenditure

food, lodging, travel

Category/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30756

Calendar Year-To-Date Per Election

4245.40

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Ms. Olga Vives

Date

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

Mailing Address

4220 Campbell Avenue, #620

Amount

172.56

City

Arlington

State

VA

Zip Code

22206-3426

Purpose of Expenditure

food, lodging, travel

Category/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.30757

Calendar Year-To-Date Per Election

4214.87

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

345.12

(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.

Latifa Lyles

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Dr. Marion Wagner

Date

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 8

Amount

23.33

City State Zip Code
Indianapolis IN 46228-2911Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 4096.17
for Office Sought

Transaction ID: SE.30762

Full Name (Last, First, Middle, Initial) of Payee

Dr. Marion Wagner

Date

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

Amount

23.33

City State Zip Code
Indianapolis IN 46228-2911Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____Calendar Year-To-Date Per Election 4214.87
for Office Sought

Transaction ID: SE.30763

(a) SUBTOTAL of Itemized Independent Expenditures

46.66

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

3434.03

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.

Latifa Lyles

Signature

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