

**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

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

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  
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 (12G)

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

07

01

2007

through

12

31

2007

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

Latifa Lyles

Signature of Treasurer

Electronically Filed by Latifa Lyles

Date

01

31

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**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
0	7	0	1	2	0	0	7

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		46822.17
(b) Cash on Hand at Beginning of Reporting Period .....	16675.61	
(c) Total Receipts (from Line 19) .....	61407.10	75839.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78082.71	122661.55
7. Total Disbursements (from Line 31) .....	55064.11	99642.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23018.60	23018.60
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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
0	7	0	1	2	0	0	7

To:

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

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	17135.00	18590.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	44181.05	56880.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	61316.05	75470.55
(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) ..... ➤	61316.05	75470.55
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.) .....	91.05	368.83
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)) .....	61407.10	75839.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61407.10	75839.38

**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) 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.....	47064.11	90354.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	47064.11	90354.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	9288.16
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))..	55064.11	99642.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55064.11	99642.95

**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) .....	61316.05	75470.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61316.05	75470.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47064.11	90354.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47064.11	90354.79

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

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

FOR LINE NUMBER: PAGE 6 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Jan Allen

Mailing Address 1608 East Las Olas Blvd

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Lauderdale Hospital

Occupation

Mental Health Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.29048

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Armer

Mailing Address 1700 De Anza Boulevard, #114

City

San Mateo

State

CA

Zip Code

94403-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.28815

Amount of Each Receipt this Period

20.00

Mr. Paul Armer

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Armer

Mailing Address 1700 De Anza Boulevard, #114

City

San Mateo

State

CA

Zip Code

94403-3967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28946

Amount of Each Receipt this Period

20.00

Mr. Paul Armer

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

40.00

**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 7 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Laleh Asgharian

Mailing Address RR 26, Box 771 D

City

Edinburg

State

TX

Zip Code

78541-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.27086

Amount of Each Receipt this Period

300.00

Laleh Asgharian

**B.**

Full Name (Last, First, Middle Initial)

Steven Autry

Mailing Address 9255 Doheny Rd  
1805

City

West Hollywood

State

CA

Zip Code

90069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Interior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29055

Amount of Each Receipt this Period

395.00

earmarked for Clinton for  
President

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Bacall

Mailing Address 15 Eagle Dr

City

Newmarket

State

NH

Zip Code

03857-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27232

Amount of Each Receipt this Period

25.00

Ms. Joan H. Bacall

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

325.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Bacall

Mailing Address 15 Eagle Dr

City

Newmarket

State

NH

Zip Code

03857-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28698

Amount of Each Receipt this Period

25.00

Ms. Joan H. Bacall

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Bacall

Mailing Address 15 Eagle Dr

City

Newmarket

State

NH

Zip Code

03857-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28816

Amount of Each Receipt this Period

25.00

Ms. Joan H. Bacall

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Bacall

Mailing Address 15 Eagle Dr

City

Newmarket

State

NH

Zip Code

03857-1742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28947

Amount of Each Receipt this Period

25.00

Ms. Joan H. Bacall

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

75.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Bahr

Mailing Address 101 W 90th St. Apt. # 22-E

City

New York

State

NY

Zip Code

10024-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORACE MANN HIGH SCHOOL,  
NY, NY

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27342

Amount of Each Receipt this Period

25.00

Ms. Rebecca B. Bahr

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Bahr

Mailing Address 101 W 90th St. Apt. # 22-E

City

New York

State

NY

Zip Code

10024-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORACE MANN HIGH SCHOOL,  
NY, NY

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28618

Amount of Each Receipt this Period

25.00

Ms. Rebecca B. Bahr

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Bahr

Mailing Address 101 W 90th St. Apt. # 22-E

City

New York

State

NY

Zip Code

10024-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORACE MANN HIGH SCHOOL,  
NY, NY

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28744

Amount of Each Receipt this Period

25.00

Ms. Rebecca B. Bahr

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

75.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Bahr

Mailing Address 101 W 90th St. Apt. # 22-E

City

New York

State

NY

Zip Code

10024-1274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HORACE MANN HIGH SCHOOL,  
NY, NY

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28864

Amount of Each Receipt this Period

25.00

Ms. Rebecca B. Bahr

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joanne Baldwin

Mailing Address 7600 Ali Drive

City

Lincoln

State

NE

Zip Code

68507-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE ADMINISTRATION  
SERVICES

Occupation

HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28035

Amount of Each Receipt this Period

25.00

Ms. Joanne Baldwin

**C.**

Full Name (Last, First, Middle Initial)

Ms. Joanne Baldwin

Mailing Address 7600 Ali Drive

City

Lincoln

State

NE

Zip Code

68507-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE ADMINISTRATION  
SERVICES

Occupation

HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28619

Amount of Each Receipt this Period

25.00

Ms. Joanne Baldwin

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

75.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joanne Baldwin

Mailing Address 7600 Ali Drive

City

Lincoln

State

NE

Zip Code

68507-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE ADMINISTRATION  
SERVICES

Occupation

HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28745

Amount of Each Receipt this Period

25.00

Ms. Joanne Baldwin

**B.**

Full Name (Last, First, Middle Initial)

Ms. Joanne Baldwin

Mailing Address 7600 Ali Drive

City

Lincoln

State

NE

Zip Code

68507-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERITAGE ADMINISTRATION  
SERVICES

Occupation

HR DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28865

Amount of Each Receipt this Period

25.00

Ms. Joanne Baldwin

**C.**

Full Name (Last, First, Middle Initial)

Angelia Banks

Mailing Address 3421 Henderson Reserve

City

Atlanta

State

GA

Zip Code

30341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.29004

Amount of Each Receipt this Period

1.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

50.00

**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 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms Judy Barclay

Mailing Address 9308 Canyon Classic Dr

City

Las Vegas

State

NV

Zip Code

89144-0826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED BACK CARE & FAMI-  
LY MEDICAL CM

Occupation

OFFICE MANAGER

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 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.28168

Amount of Each Receipt this Period

225.00

Ms. Judy Barclay

**B.**

Full Name (Last, First, Middle Initial)

M Coleen Barker

Mailing Address 33542 Valle Road

City

San Juan

State

CA

Zip Code

92675-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Financial Group

Occupation

mortgage loan consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.28285

Amount of Each Receipt this Period

25.00

Ms. M Coleen Barker

**C.**

Full Name (Last, First, Middle Initial)

M Coleen Barker

Mailing Address 33542 Valle Road

City

San Juan

State

CA

Zip Code

92675-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Financial Group

Occupation

mortgage loan consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28699

Amount of Each Receipt this Period

25.00

Ms. M Coleen Barker

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

275.00

**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 13 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

M Coleen Barker

Mailing Address 33542 Valle Road

City

San Juan

State

CA

Zip Code

92675-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Financial Group

Occupation  
mortgage loan consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28817

Amount of Each Receipt this Period

25.00

Ms. M Coleen Barker

**B.**

Full Name (Last, First, Middle Initial)

M Coleen Barker

Mailing Address 33542 Valle Road

City

San Juan

State

CA

Zip Code

92675-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Financial Group

Occupation  
mortgage loan consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28948

Amount of Each Receipt this Period

25.00

Ms. M Coleen Barker

**C.**

Full Name (Last, First, Middle Initial)

Ms Sheila Bayne

Mailing Address 10 Whitcomb Street

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS UNIVERSITY, MEDFORD,  
MA

Occupation  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.27195

Amount of Each Receipt this Period

35.00

Ms. Sheila Bayne

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

85.00

**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 14 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms Sheila Bayne

Mailing Address 10 Whitcomb Street

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS UNIVERSITY, MEDFORD,  
MA

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27196

Amount of Each Receipt this Period

35.00

Ms. Sheila Bayne

**B.**

Full Name (Last, First, Middle Initial)

Ms Sheila Bayne

Mailing Address 10 Whitcomb Street

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS UNIVERSITY, MEDFORD,  
MA

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27197

Amount of Each Receipt this Period

42.00

Ms. Sheila Bayne

**C.**

Full Name (Last, First, Middle Initial)

Ms Sheila Bayne

Mailing Address 10 Whitcomb Street

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS UNIVERSITY, MEDFORD,  
MA

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28620

Amount of Each Receipt this Period

42.00

Ms. Sheila Bayne

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

119.00

**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 15 / 102

(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

A.

Full Name (Last, First, Middle Initial)

Ms Sheila Bayne

Mailing Address 10 Whitcomb Street

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS UNIVERSITY, MEDFORD,  
MA

Occupation

ADMINISTRATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28746

Amount of Each Receipt this Period

42.00

Ms. Sheila Bayne

B.

Full Name (Last, First, Middle Initial)

Ms. Renee Beeker

Mailing Address 2874 Canterbury Court

City

Milford

State

MI

Zip Code

48381-4445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.27883

Amount of Each Receipt this Period

330.00

Ms. Renee Beeker

C.

Full Name (Last, First, Middle Initial)

Ms. Rebecca Behrendt

Mailing Address 3403 Field Ave

City

Anacortes

State

WA

Zip Code

98221-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28747

Amount of Each Receipt this Period

20.00

Ms. Rebecca Behrendt

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

392.00

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 16 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Behrendt

Mailing Address 3403 Field Ave

City

Anacortes

State

WA

Zip Code

98221-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28867

Amount of Each Receipt this Period

20.00

Ms. Rebecca Behrendt

**B.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City

Newburyport

State

MA

Zip Code

01950-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N. ESSEX COMM COLLEGE, HA-  
VERHILL, MA

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27164

Amount of Each Receipt this Period

35.00

Ms. Priscilla B. Bellairs

**C.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City

Newburyport

State

MA

Zip Code

01950-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N. ESSEX COMM COLLEGE, HA-  
VERHILL, MA

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.27165

Amount of Each Receipt this Period

35.00

Ms. Priscilla B. Bellairs

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

90.00

**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 17 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City

Newburyport

State

MA

Zip Code

01950-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N. ESSEX COMM COLLEGE, HA-  
VERHILL, MA

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27166

Amount of Each Receipt this Period

40.00

Ms. Priscilla B. Bellairs

**B.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City

Newburyport

State

MA

Zip Code

01950-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N. ESSEX COMM COLLEGE, HA-  
VERHILL, MA

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.28700

Amount of Each Receipt this Period

40.00

Ms. Priscilla B. Bellairs

**C.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City

Newburyport

State

MA

Zip Code

01950-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N. ESSEX COMM COLLEGE, HA-  
VERHILL, MA

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.28818

Amount of Each Receipt this Period

40.00

Ms. Priscilla B. Bellairs

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

120.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 102

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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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City

Newburyport

State

MA

Zip Code

01950-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N. ESSEX COMM COLLEGE, HA-  
VERHILL, MA

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID: SA11AI.28949

Amount of Each Receipt this Period

40.00

Ms. Priscilla B. Bellairs

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Bellasalma

Mailing Address 11823 Maple Crest St

City

Moorpark

State

CA

Zip Code

93021-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.27110

Amount of Each Receipt this Period

250.00

Ms. Patricia Bellasalma

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Berman

Mailing Address 2505 Sapling Ridge Lane

City

Brookeville

State

MD

Zip Code

20833-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.26979

Amount of Each Receipt this Period

500.00

Ms. Patricia Berman

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

790.00

**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 19 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Boice

Mailing Address 8 Coronado Shrs

City

Lincoln City

State

OR

Zip Code

97367-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28492

Amount of Each Receipt this Period

25.00

Ms. Mary Boice

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Boice

Mailing Address 8 Coronado Shrs

City

Lincoln City

State

OR

Zip Code

97367-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28623

Amount of Each Receipt this Period

25.00

Ms. Mary Boice

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Boice

Mailing Address 8 Coronado Shrs

City

Lincoln City

State

OR

Zip Code

97367-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28748

Amount of Each Receipt this Period

25.00

Ms. Mary Boice

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

75.00

**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 20 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Boice

Mailing Address 8 Coronado Shrs

City

Lincoln City

State

OR

Zip Code

97367-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28868

Amount of Each Receipt this Period

25.00

Ms. Mary Boice

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janet Bonnema

Mailing Address 1007 NW 5th Street

City

Okeechobee

State

FL

Zip Code

34972-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27747

Amount of Each Receipt this Period

50.00

Ms. Janet Petra Bonnema

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Bonnema

Mailing Address 1007 NW 5th Street

City

Okeechobee

State

FL

Zip Code

34972-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.27748

Amount of Each Receipt this Period

50.00

Ms. Janet Petra Bonnema

**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: PAGE 21 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet Bonnema

Mailing Address 1007 NW 5th Street

City

Okeechobee

State

FL

Zip Code

34972-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27749

Amount of Each Receipt this Period

50.00

Ms. Janet Petra Bonnema

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janet Bonnema

Mailing Address 1007 NW 5th Street

City

Okeechobee

State

FL

Zip Code

34972-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.28702

Amount of Each Receipt this Period

50.00

Ms. Janet Petra Bonnema

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Bonnema

Mailing Address 1007 NW 5th Street

City

Okeechobee

State

FL

Zip Code

34972-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.28820

Amount of Each Receipt this Period

50.00

Ms. Janet Petra Bonnema

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

150.00

**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 22 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet Bonnema

Mailing Address 1007 NW 5th Street

City

Okeechobee

State

FL

Zip Code

34972-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED CIVIL ENGINEER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.28951

Amount of Each Receipt this Period

50.00

Ms. Janet Petra Bonnema

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Bowling

Mailing Address 300 Lumber Exchange  
10 South 5th St

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elizabeth B. Bowling, PLLC

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.29038

Amount of Each Receipt this Period

100.00

earmarked Clinton for Pre-  
sident

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City

Narbeth

State

PA

Zip Code

19072-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pleasant, Inc.

Occupation

owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27501

Amount of Each Receipt this Period

50.00

Ms. Janet Brody

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

100.00

**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 23 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City

Narbeth

State

PA

Zip Code

19072-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pleasant, Inc.

Occupation  
owner

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 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27502

Amount of Each Receipt this Period

50.00

Ms. Janet Brody

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City

Narbeth

State

PA

Zip Code

19072-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pleasant, Inc.

Occupation  
owner

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 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27503

Amount of Each Receipt this Period

50.00

Ms. Janet Brody

**C.**

Full Name (Last, First, Middle Initial)

Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City

Narbeth

State

PA

Zip Code

19072-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pleasant, Inc.

Occupation  
owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.28703

Amount of Each Receipt this Period

50.00

Ms. Janet Brody

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

150.00

**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 24 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City State Zip Code  
 Narbeth PA 19072-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pleasant, Inc.

Occupation  
owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.28821

Amount of Each Receipt this Period

50.00

Ms. Janet Brody

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janet Brody

Mailing Address 506 Conshohocken State Road

City State Zip Code  
 Narbeth PA 19072-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Pleasant, Inc.

Occupation  
owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.28952

Amount of Each Receipt this Period

50.00

Ms. Janet Brody

**C.**

Full Name (Last, First, Middle Initial)

Mr. Morgan Clark

Mailing Address 136 Sunnyvale Ct.

City State Zip Code  
 Somerset NJ 08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
letter sent

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.28822

Amount of Each Receipt this Period

20.00

Mr. Morgan Clark

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

120.00

**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 25 / 102

(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

A.

Full Name (Last, First, Middle Initial)

Mr. William Crotty

Mailing Address 2349 Magazine Street

City

New Orleans

State

LA

Zip Code

70130-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28047

Amount of Each Receipt this Period

25.00

Mr. William M. Crotty

B.

Full Name (Last, First, Middle Initial)

Mr. William Crotty

Mailing Address 2349 Magazine Street

City

New Orleans

State

LA

Zip Code

70130-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28633

Amount of Each Receipt this Period

25.00

Mr. William M. Crotty

C.

Full Name (Last, First, Middle Initial)

Mr. William Crotty

Mailing Address 2349 Magazine Street

City

New Orleans

State

LA

Zip Code

70130-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28758

Amount of Each Receipt this Period

25.00

Mr. William M. Crotty

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

75.00

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 26 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Mr. William Crotty

Mailing Address 2349 Magazine Street

City

New Orleans

State

LA

Zip Code

70130-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28878

Amount of Each Receipt this Period

25.00

Mr. William M. Crotty

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Damplo

Mailing Address 23 Old Sprain Rd

City

Ardsley

State

NY

Zip Code

10502-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
not given

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28760

Amount of Each Receipt this Period

20.00

Ms. Susan M. Damplo

**C.**

Full Name (Last, First, Middle Initial)

Ms. Susan Damplo

Mailing Address 23 Old Sprain Rd

City

Ardsley

State

NY

Zip Code

10502-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
not given

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28880

Amount of Each Receipt this Period

20.00

Ms. Susan M. Damplo

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

65.00

**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 27 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

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

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28761

Amount of Each Receipt this Period

35.00

Ms. Diane DiCarlo

**B.**

Full Name (Last, First, Middle Initial)

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

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: SA11AI.28881

Amount of Each Receipt this Period

35.00

Ms. Diane DiCarlo

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Duemling

Mailing Address 20776 Moxon Drive

City

Clinton Township

State

MI

Zip Code

48036-1583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.27843

Amount of Each Receipt this Period

239.00

Ms. Nancy M. Duemling

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

309.00

**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 28 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

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 GRE-  
ATER INDIANA

Occupation

DIRECTOR OF PUBLIC POLICY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.28955

Amount of Each Receipt this Period

25.00

Ms. Sue Errington

**B.**

Full Name (Last, First, Middle Initial)

Edna Fillingner

Mailing Address 315 Ray Street

City

Newcomerstown

State

OH

Zip Code

43832-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired computer programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27787

Amount of Each Receipt this Period

25.00

Edna M. Fillingner

**C.**

Full Name (Last, First, Middle Initial)

Edna Fillingner

Mailing Address 315 Ray Street

City

Newcomerstown

State

OH

Zip Code

43832-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired computer programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28641

Amount of Each Receipt this Period

25.00

Edna M. Fillingner

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

75.00

**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 29 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Edna Fillingner

Mailing Address 315 Ray Street

City

Newcomerstown

State

OH

Zip Code

43832-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired computer programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28765

Amount of Each Receipt this Period

25.00

Edna M. Fillingner

**B.**

Full Name (Last, First, Middle Initial)

Edna Fillingner

Mailing Address 315 Ray Street

City

Newcomerstown

State

OH

Zip Code

43832-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired computer programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28885

Amount of Each Receipt this Period

25.00

Edna M. Fillingner

**C.**

Full Name (Last, First, Middle Initial)

Carol Flaig

Mailing Address 8535 Middle Fork Road

City

Boulder

State

CO

Zip Code

80302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.29067

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

50.00

**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 30 / 102

(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)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jane Fogle

Mailing Address 511 South 6th  
P.O. Box 125

City	State	Zip Code
Pierce	NE	68767-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pierce Telecommunications  
IncOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28039

Amount of Each Receipt this Period

250.00

Ms. Mary Jane Fogle

**B.**

Full Name (Last, First, Middle Initial)

Mark Fraga

Mailing Address 52 Bradford St

City	State	Zip Code
Everett	MA	02149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Market Forge IndustriesOccupation  
IT Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	7

Transaction ID: SA11AI.29061

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

M.D. William Freeman

Mailing Address 241 Condo Ln Apt. # 226

City	State	Zip Code
Tamuning	GU	96911-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Transaction ID: SA11AI.28471

Amount of Each Receipt this Period

375.00

William S. Freeman M.D.

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

625.00

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 31 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Garrison

Mailing Address 3824 La Playa Blvd

City

Miami

State

FL

Zip Code

33133-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bopt. Hosp.

Occupation

Registered Nurse-Semi-Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.27687

Amount of Each Receipt this Period

500.00

Ms. Pamela Garrison

**B.**

Full Name (Last, First, Middle Initial)

James Graham

Mailing Address 14141 EBY

City

Overland Park

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sysco Corp

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29015

Amount of Each Receipt this Period

2300.00

earmarked for Clinton for  
President

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Annette Green

Mailing Address 312 Haili St

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.29041

Amount of Each Receipt this Period

50.00

earmarked Clinton for Pre-  
sident

[MEMO ITEM]

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

500.00

**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 32 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Frank Greenlee

Mailing Address 132 Lamour Lane

City

Newport

State

VA

Zip Code

24128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lambda Instruments Inc

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29010

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ursula Gusse

Mailing Address 316 Curl Creek Road

City

Greenwood

State

SC

Zip Code

29649-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.27634

Amount of Each Receipt this Period

50.00

Ms. Ursula Gusse

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ursula Gusse

Mailing Address 316 Curl Creek Road

City

Greenwood

State

SC

Zip Code

29649-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27635

Amount of Each Receipt this Period

25.00

Ms. Ursula Gusse

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

75.00

**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 33 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ursula Gusse

Mailing Address 316 Curl Creek Road

City

Greenwood

State

SC

Zip Code

29649-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28708

Amount of Each Receipt this Period

25.00

Ms. Ursula Gusse

**B.**

Full Name (Last, First, Middle Initial)

Ms. Ursula Gusse

Mailing Address 316 Curl Creek Road

City

Greenwood

State

SC

Zip Code

29649-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.28828

Amount of Each Receipt this Period

25.00

Ms. Ursula Gusse

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ursula Gusse

Mailing Address 316 Curl Creek Road

City

Greenwood

State

SC

Zip Code

29649-8519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.28958

Amount of Each Receipt this Period

25.00

Ms. Ursula Gusse

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

75.00

**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 34 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

M.D. Thomas Gutheil

Mailing Address 6 Wellman Street

City

Brookline

State

MA

Zip Code

02446-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27186

Amount of Each Receipt this Period

25.00

Thomas G. Gutheil M.D.

**B.**

Full Name (Last, First, Middle Initial)

M.D. Thomas Gutheil

Mailing Address 6 Wellman Street

City

Brookline

State

MA

Zip Code

02446-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28650

Amount of Each Receipt this Period

25.00

Thomas G. Gutheil M.D.

**C.**

Full Name (Last, First, Middle Initial)

M.D. Thomas Gutheil

Mailing Address 6 Wellman Street

City

Brookline

State

MA

Zip Code

02446-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28773

Amount of Each Receipt this Period

25.00

Thomas G. Gutheil M.D.

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

75.00

**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 35 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

M.D. Thomas Gutheil

Mailing Address 6 Wellman Street

City

Brookline

State

MA

Zip Code

02446-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28892

Amount of Each Receipt this Period

25.00

Thomas G. Gutheil M.D.

**B.**

Full Name (Last, First, Middle Initial)

Ms. Leslee Hackenson

Mailing Address 44 Haldeman Road

City

Santa Monica

State

CA

Zip Code

90402-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.28206

Amount of Each Receipt this Period

500.00

Ms. Leslee Hackenson

**C.**

Full Name (Last, First, Middle Initial)

Amy Hackett

Mailing Address 473 Westminster Road

City

Brooklyn

State

NY

Zip Code

11218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.29074

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

525.00

**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 36 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ph.D. Coleen Hanna

Mailing Address 259 Braxton Way

City

Edgewater

State

MD

Zip Code

21037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE GIVEN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27566

Amount of Each Receipt this Period

25.00

Coleen A. Hanna Ph.D.

**B.**

Full Name (Last, First, Middle Initial)

Ph.D. Coleen Hanna

Mailing Address 259 Braxton Way

City

Edgewater

State

MD

Zip Code

21037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE GIVEN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28709

Amount of Each Receipt this Period

25.00

Coleen A. Hanna Ph.D.

**C.**

Full Name (Last, First, Middle Initial)

Ph.D. Coleen Hanna

Mailing Address 259 Braxton Way

City

Edgewater

State

MD

Zip Code

21037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE GIVEN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28830

Amount of Each Receipt this Period

25.00

Coleen A. Hanna Ph.D.

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

75.00

**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 37 / 102

(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)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Ph.D. Coleen Hanna

Mailing Address 259 Braxton Way

City

Edgewater

State

MD

Zip Code

21037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NONE GIVEN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28959

Amount of Each Receipt this Period

25.00

Coleen A. Hanna Ph.D.

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lois Cowles Harrison

Mailing Address 2311 Nevada Road

City

Lakeland

State

FL

Zip Code

33803-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: SA11AI.27724

Amount of Each Receipt this Period

500.00

Mrs. Lois Cowles Harrison

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Transaction ID: SA11AI.27530

Amount of Each Receipt this Period

40.00

Ms. Edith C. Herron

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

565.00

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 38 / 102

(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

A.

Full Name (Last, First, Middle Initial)

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27531

Amount of Each Receipt this Period

40.00

Ms. Edith C. Herron

B.

Full Name (Last, First, Middle Initial)

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27532

Amount of Each Receipt this Period

40.00

Ms. Edith C. Herron

C.

Full Name (Last, First, Middle Initial)

Ms. Mary Hill

Mailing Address 908 Cedar Glen

City

Austin

State

TX

Zip Code

78745-3096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: SA11AI.29020

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

80.00

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 39 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27162

Amount of Each Receipt this Period

35.00

Ms. Betty J. Holling

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28655

Amount of Each Receipt this Period

35.00

Ms. Betty J. Holling

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28778

Amount of Each Receipt this Period

35.00

Ms. Betty J. Holling

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

105.00

**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 40 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.28897

Amount of Each Receipt this Period

35.00

Ms. Betty J. Holling

**B.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Holmes

Mailing Address P.O. Box 1123  
26 Harbor View Lane

City

East Orleans

State

MA

Zip Code

02643-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.28898

Amount of Each Receipt this Period

25.00

Ms. Patricia A. Holmes

**C.**

Full Name (Last, First, Middle Initial)

Linda Hughes

Mailing Address 4820 Mt Thabor Rd

City

Woodstock

State

IL

Zip Code

60098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29019

Amount of Each Receipt this Period

50.00

earmarked for Clinton for  
President

[MEMO ITEM]

**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  
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(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Karetzky

Mailing Address 1530 Palisade Avenue

City

Ft. Lee

State

NJ

Zip Code

07024-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.28610

Amount of Each Receipt this Period

1000.00

Ms. Patricia Karetzky

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert Kaufman, Esq.

Mailing Address 345 East 52nd Street

City

New York

State

NY

Zip Code

10022-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proskauer Rose LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.26942

Amount of Each Receipt this Period

1000.00

Mr. Robert M. Kaufman Esq.

**C.**

Full Name (Last, First, Middle Initial)

Peter Kleberg

Mailing Address 3307 Ferndale St

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Precision IR Group

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.28989

Amount of Each Receipt this Period

25.00

earmarked for Hillary Clinton

[MEMO ITEM]

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

2000.00

**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

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(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Peggy Klimek

Mailing Address 6402 Spyglass Lane

City

Bradenton

State

FL

Zip Code

34202-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SHACKLEE DISTRIBUTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28783

Amount of Each Receipt this Period

20.00

Ms. Peggy Klimek

**B.**

Full Name (Last, First, Middle Initial)

Ms. Peggy Klimek

Mailing Address 6402 Spyglass Lane

City

Bradenton

State

FL

Zip Code

34202-1707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

SHACKLEE DISTRIBUTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28902

Amount of Each Receipt this Period

20.00

Ms. Peggy Klimek

**C.**

Full Name (Last, First, Middle Initial)

Ms Ester LaBay

Mailing Address 438 Railroad Street  
Apt 3

City

Saint Johnsbury

State

VT

Zip Code

05819-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27249

Amount of Each Receipt this Period

30.00

Ms. Ester LaBay

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

70.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 43 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms Ester Labay

Mailing Address 438 Railroad Street  
Apt 3

City State Zip Code  
Saint Johnsbury VT 05819-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.27250

Amount of Each Receipt this Period

30.00

Ms. Ester LaBay

**B.**

Full Name (Last, First, Middle Initial)

Ms Ester Labay

Mailing Address 438 Railroad Street  
Apt 3

City State Zip Code  
Saint Johnsbury VT 05819-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.28711

Amount of Each Receipt this Period

30.00

Ms. Ester LaBay

**C.**

Full Name (Last, First, Middle Initial)

Ms Ester Labay

Mailing Address 438 Railroad Street  
Apt 3

City State Zip Code  
Saint Johnsbury VT 05819-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28833

Amount of Each Receipt this Period

30.00

Ms. Ester LaBay

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

90.00

**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  
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FOR LINE NUMBER: PAGE 44 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Luciann Leraul

Mailing Address 1348 Babel Lane

City

Concord

State

CA

Zip Code

94518-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.27127

Amount of Each Receipt this Period

225.00

Luciann M. Leraul

**B.**

Full Name (Last, First, Middle Initial)

Ms Judith Liber

Mailing Address 3570 Magellan Circle  
#226

City

Aventura

State

FL

Zip Code

33180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Community Services

Occupation  
Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.29045

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Mr. Austin Lin

Mailing Address 8 Saint Paul Street

City

Cambridge

State

MA

Zip Code

02139-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YAHOO! INC

Occupation  
FEMINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27173

Amount of Each Receipt this Period

25.00

Mr. Austin S. Lin

**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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Austin Lin

Mailing Address 8 Saint Paul Street

City

Cambridge

State

MA

Zip Code

02139-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YAHOO! INC

Occupation  
FEMINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27174

Amount of Each Receipt this Period

25.00

Mr. Austin S. Lin

**B.**

Full Name (Last, First, Middle Initial)

Mr. Austin Lin

Mailing Address 8 Saint Paul Street

City

Cambridge

State

MA

Zip Code

02139-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YAHOO! INC

Occupation  
FEMINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28663

Amount of Each Receipt this Period

25.00

Mr. Austin S. Lin

**C.**

Full Name (Last, First, Middle Initial)

Mr. Austin Lin

Mailing Address 8 Saint Paul Street

City

Cambridge

State

MA

Zip Code

02139-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
YAHOO! INC

Occupation  
FEMINIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: SA11AI.28905

Amount of Each Receipt this Period

25.00

Mr. Austin S. Lin

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

75.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty Lourie

Mailing Address 104 Litchfield Dr

City

Syracuse

State

NY

Zip Code

13224-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired-Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: SA11AI.27427

Amount of Each Receipt this Period

225.00

Ms. Betty Lourie

**B.**

Full Name (Last, First, Middle Initial)

Paul Mac Donald

Mailing Address 9125 South Virginia St

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra RV

Occupation

RV Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2007

Transaction ID: SA11AI.29033

Amount of Each Receipt this Period

10.00

earmarked Clinton for Pre-  
sident

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann MacLeod

Mailing Address 710 Evans Ct

City

Basalt

State

CO

Zip Code

81621-8320

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 28 / 2007

Transaction ID: SA11AI.28984

Amount of Each Receipt this Period

500.00

Ms. Ann MacLeod

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

725.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ann MacLeod

Mailing Address 710 Evans Ct

City

Basalt

State

CO

Zip Code

81621-8320

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.29052

Amount of Each Receipt this Period

500.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Keishiro Matsumoto

Mailing Address 6501 Redhook Plaza  
Ste 201

City

St Thomas

State

VI

Zip Code

00802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UVI

Occupation  
Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.29077

Amount of Each Receipt this Period

500.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Morgan McBride

Mailing Address 17340 Kennedy Road

City

Sonora

State

CA

Zip Code

95370-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBIA COLLEGE, SONORA,  
CA

Occupation  
college professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28664

Amount of Each Receipt this Period

25.00

Ms. Morgan J. McBride

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

25.00

**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 48 / 102

(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

A.

Full Name (Last, First, Middle Initial)

Ms. Morgan McBride

Mailing Address 17340 Kennedy Road

City

Sonora

State

CA

Zip Code

95370-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBIA COLLEGE, SONORA,  
CA

Occupation

college professor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28787

Amount of Each Receipt this Period

25.00

Ms. Morgan J. McBride

B.

Full Name (Last, First, Middle Initial)

Ms. Morgan McBride

Mailing Address 17340 Kennedy Road

City

Sonora

State

CA

Zip Code

95370-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBIA COLLEGE, SONORA,  
CA

Occupation

college professor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28906

Amount of Each Receipt this Period

25.00

Ms. Morgan J. McBride

C.

Full Name (Last, First, Middle Initial)

Ms Margaret Mccartney

Mailing Address 19381 Via Real Dr

City

Saratoga

State

CA

Zip Code

95070-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28413

Amount of Each Receipt this Period

25.00

Ms. Margaret McCartney

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

75.00

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 49 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms Margaret Mccartney

Mailing Address 19381 Via Real Dr

City

Saratoga

State

CA

Zip Code

95070-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28665

Amount of Each Receipt this Period

25.00

Ms. Margaret McCartney

**B.**

Full Name (Last, First, Middle Initial)

Ms Margaret Mccartney

Mailing Address 19381 Via Real Dr

City

Saratoga

State

CA

Zip Code

95070-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28788

Amount of Each Receipt this Period

25.00

Ms. Margaret McCartney

**C.**

Full Name (Last, First, Middle Initial)

Ms Margaret Mccartney

Mailing Address 19381 Via Real Dr

City

Saratoga

State

CA

Zip Code

95070-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28907

Amount of Each Receipt this Period

25.00

Ms. Margaret McCartney

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

75.00

**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  
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FOR LINE NUMBER: PAGE 50 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Mr. William McFarlane, Jr.

Mailing Address 234 1/2 9th Street

City

West Palm Beach

State

FL

Zip Code

33401-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27695

Amount of Each Receipt this Period

25.00

Mr. William D. McFarlane  
Jr.

**B.**

Full Name (Last, First, Middle Initial)

Mr. William McFarlane, Jr.

Mailing Address 234 1/2 9th Street

City

West Palm Beach

State

FL

Zip Code

33401-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28666

Amount of Each Receipt this Period

25.00

Mr. William D. McFarlane  
Jr.

**C.**

Full Name (Last, First, Middle Initial)

Mr. William McFarlane, Jr.

Mailing Address 234 1/2 9th Street

City

West Palm Beach

State

FL

Zip Code

33401-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28789

Amount of Each Receipt this Period

25.00

Mr. William D. McFarlane  
Jr.

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

75.00

**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 51 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Mr. William McFarlane, Jr.

Mailing Address 234 1/2 9th Street

City

West Palm Beach

State

FL

Zip Code

33401-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28908

Amount of Each Receipt this Period

25.00

Mr. William D. McFarlane  
Jr.

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Megal

Mailing Address 3490 Oak Knoll Drive

City

Brighton

State

MI

Zip Code

48114-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntsman

Occupation  
SALES MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.27853

Amount of Each Receipt this Period

500.00

Ms. Carolyn Ann Megal

**C.**

Full Name (Last, First, Middle Initial)

Evelyn Merchant

Mailing Address 340 NW 32 Ct

City

Oakland Park

State

FL

Zip Code

33309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.29051

Amount of Each Receipt this Period

200.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

525.00

**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 52 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Colin Mitchinson

Mailing Address 381 Nyrtille Street #2

City

Half Moon Bay

State

CA

Zip Code

94019-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genencor

Occupation  
Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.27119

Amount of Each Receipt this Period

250.00

Colin Mitchinson

**B.**

Full Name (Last, First, Middle Initial)

Ms. Zoanne Nordstrom

Mailing Address 370 Surrey Street

City

San Francisco

State

CA

Zip Code

94131-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28672

Amount of Each Receipt this Period

25.00

Ms. Zoanne Nordstrom

**C.**

Full Name (Last, First, Middle Initial)

Ms. Zoanne Nordstrom

Mailing Address 370 Surrey Street

City

San Francisco

State

CA

Zip Code

94131-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28795

Amount of Each Receipt this Period

25.00

Ms. Zoanne Nordstrom

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

300.00

**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 53 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Zoanne Nordstrom

Mailing Address 370 Surrey Street

City

San Francisco

State

CA

Zip Code

94131-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28914

Amount of Each Receipt this Period

25.00

Ms. Zoanne Nordstrom

**B.**

Full Name (Last, First, Middle Initial)

Michael Palmer

Mailing Address 94 Martin Rd

City

Weare

State

NH

Zip Code

03218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Author

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29024

Amount of Each Receipt this Period

1000.00

earmarked for Clinton for  
President

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Plapp

Mailing Address 8914 Rockmont Terrace

City

Colorado Springs

State

CO

Zip Code

80920-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.28114

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

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

55.00

**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 54 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Plapp

Mailing Address 8914 Rockmont Terrace

City

Colorado Springs

State

CO

Zip Code

80920-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28115

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Plapp

Mailing Address 8914 Rockmont Terrace

City

Colorado Springs

State

CO

Zip Code

80920-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.28116

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Plapp

Mailing Address 8914 Rockmont Terrace

City

Colorado Springs

State

CO

Zip Code

80920-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28720

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

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

90.00

**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 55 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Plapp

Mailing Address 8914 Rockmont Terrace

City

Colorado Springs

State

CO

Zip Code

80920-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.28842

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Plapp

Mailing Address 8914 Rockmont Terrace

City

Colorado Springs

State

CO

Zip Code

80920-6802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.28970

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

**C.**

Full Name (Last, First, Middle Initial)

Ms. Carmen Reid

Mailing Address 296 N. Hope Avenue, SPC 53

City

Santa Barbara

State

CA

Zip Code

93110-2571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILD OATS MARKET, FT COLL-  
INS, CO

Occupation

BAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28798

Amount of Each Receipt this Period

20.00

Ms. Carmen P. Reid

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

80.00

**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 56 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms Bonnie Rice

Mailing Address 4149 Russell Blvd

City

St Louis

State

MO

Zip Code

63110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Organization for  
Women

Occupation

Special Project Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.29057

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Rochman, Esq.

Mailing Address 30 E 9th Street

City

New York

State

NY

Zip Code

10003-6401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.27326

Amount of Each Receipt this Period

250.00

Ms. Barbara Rochman Esq.

**C.**

Full Name (Last, First, Middle Initial)

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

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

Transaction ID: SA11AI.28844

Amount of Each Receipt this Period

20.00

Ms. Carol Roggenstein

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

270.00

**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 57 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carol Roggenstein

Mailing Address 3852 Dunes Road

City

Palm Beach Gardens

State

FL

Zip Code

33410-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PALM BEACH COUNTY, FL

Occupation  
LIBRARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28972

Amount of Each Receipt this Period

20.00

Ms. Carol Roggenstein

**B.**

Full Name (Last, First, Middle Initial)

Ms. L. Dianne Rubins

Mailing Address 514 Neptune Court

City

Napa

State

CA

Zip Code

94558-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Helena Hospital Center,  
Vallejo, CA

Occupation  
Marriage and Family Therapist, License

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28377

Amount of Each Receipt this Period

25.00

Ms. L. Dianne Rubins

**C.**

Full Name (Last, First, Middle Initial)

Ms. L. Dianne Rubins

Mailing Address 514 Neptune Court

City

Napa

State

CA

Zip Code

94558-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Helena Hospital Center,  
Vallejo, CA

Occupation  
Marriage and Family Therapist, License

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28677

Amount of Each Receipt this Period

25.00

Ms. L. Dianne Rubins

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. L. Dianne Rubins

Mailing Address 514 Neptune Court

City

Napa

State

CA

Zip Code

94558-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Helena Hospital Center,  
Vallejo, CA

Occupation

Marriage and Family Therapist, License

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28800

Amount of Each Receipt this Period

25.00

Ms. L. Dianne Rubins

**B.**

Full Name (Last, First, Middle Initial)

Ms. L. Dianne Rubins

Mailing Address 514 Neptune Court

City

Napa

State

CA

Zip Code

94558-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Helena Hospital Center,  
Vallejo, CA

Occupation

Marriage and Family Therapist, License

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28918

Amount of Each Receipt this Period

25.00

Ms. L. Dianne Rubins

**C.**

Full Name (Last, First, Middle Initial)

Ms. Judith Russell

Mailing Address 2426 Westside Drive

City

North Chili

State

NY

Zip Code

14514-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.27444

Amount of Each Receipt this Period

400.00

Ms. Judith Russell

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

450.00

**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 59 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Allen Scher

Mailing Address 8304 Avalon Dr

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.29030

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Schroeder

Mailing Address 572 Wapiti Loop

City

Hamilton

State

MT

Zip Code

59840-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27959

Amount of Each Receipt this Period

25.00

Mr. Stanley H. Schroeder

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Schroeder

Mailing Address 572 Wapiti Loop

City

Hamilton

State

MT

Zip Code

59840-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28725

Amount of Each Receipt this Period

25.00

Mr. Stanley H. Schroeder

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

50.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Schroeder

Mailing Address 572 Wapiti Loop

City

Hamilton

State

MT

Zip Code

59840-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28849

Amount of Each Receipt this Period

25.00

Mr. Stanley H. Schroeder

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stanley Schroeder

Mailing Address 572 Wapiti Loop

City

Hamilton

State

MT

Zip Code

59840-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28975

Amount of Each Receipt this Period

25.00

Mr. Stanley H. Schroeder

**C.**

Full Name (Last, First, Middle Initial)

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

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28801

Amount of Each Receipt this Period

20.00

Ms. Elsa Schultz

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

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

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28919

Amount of Each Receipt this Period

20.00

Ms. Elsa Schultz

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Selsor

Mailing Address P.O. Box 270257

City

Susanville

State

CA

Zip Code

96127-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LASSEN UNION; SUSANVILLE,  
CA

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.28467

Amount of Each Receipt this Period

25.00

Ms. Barbara Selsor

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Selsor

Mailing Address P.O. Box 270257

City

Susanville

State

CA

Zip Code

96127-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LASSEN UNION; SUSANVILLE,  
CA

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28726

Amount of Each Receipt this Period

25.00

Ms. Barbara Selsor

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

70.00

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

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

Use separate schedule(s)  
for each category of the  
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(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Selsor

Mailing Address P.O. Box 270257

City

Susanville

State

CA

Zip Code

96127-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LASSEN UNION; SUSANVILLE,  
CA

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28850

Amount of Each Receipt this Period

25.00

Ms. Barbara Selsor

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Selsor

Mailing Address P.O. Box 270257

City

Susanville

State

CA

Zip Code

96127-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LASSEN UNION; SUSANVILLE,  
CA

Occupation

HIGH SCHOOL TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28976

Amount of Each Receipt this Period

25.00

Ms. Barbara Selsor

**C.**

Full Name (Last, First, Middle Initial)

Ms. B. J. Star, Esq

Mailing Address P O Box 336

City

Ozona, FL 34660

State

FL

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29056

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

50.00

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

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

Use separate schedule(s)  
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(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

**A.**

Full Name (Last, First, Middle Initial)

Donna Stimpson

Mailing Address 24 Dryden Dr.

City

Meriden

State

CT

Zip Code

06450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of CT

Occupation  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.27257

Amount of Each Receipt this Period

250.00

Ms. Donna Stimpson

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rosemary Straley

Mailing Address 233 Prospect Street, Apt. P209

City

La Jolla

State

CA

Zip Code

92037-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27106

Amount of Each Receipt this Period

1000.00

Dr. Rosemary George Straley

**C.**

Full Name (Last, First, Middle Initial)

Ms. Evelyn Swenson

Mailing Address 204 Walnut Avenue N

City

Canby

State

MN

Zip Code

56220-1268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.27951

Amount of Each Receipt this Period

300.00

Ms. Evelyn J. Swenson

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

1550.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Jean Taylor

Mailing Address 1482 Westin Place

City

Reno

State

NV

Zip Code

89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.29007

Amount of Each Receipt this Period

50.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27973

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.27974

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

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

70.00

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



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.27975

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.28728

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

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

Transaction ID: SA11AI.28852

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

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

105.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City

Hinsdale

State

IL

Zip Code

60521-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.28978

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

**B.**

Full Name (Last, First, Middle Initial)

Ms. Norma Thimot

Mailing Address 4185 E. Broken Rock Loop

City

Flagstaff

State

AZ

Zip Code

86004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28696

Amount of Each Receipt this Period

250.00

Ms. Norma Z. Thimot

**C.**

Full Name (Last, First, Middle Initial)

Janice Tichauer

Mailing Address 9027 Timberwolf Ct

City

Vienna

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairfax County Public Sch-  
ools

Occupation

ESOL Teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.29071

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

285.00

**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  
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(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 2629 Main Street, PMB 115

City

Santa Monica

State

CA

Zip Code

90405-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US SENATE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.28209

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 2629 Main Street, PMB 115

City

Santa Monica

State

CA

Zip Code

90405-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US SENATE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28210

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 2629 Main Street, PMB 115

City

Santa Monica

State

CA

Zip Code

90405-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US SENATE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28211

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

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

300.00

**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  
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(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 2629 Main Street, PMB 115

City

Santa Monica

State

CA

Zip Code

90405-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US SENATE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28683

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 2629 Main Street, PMB 115

City

Santa Monica

State

CA

Zip Code

90405-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US SENATE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28806

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 2629 Main Street, PMB 115

City

Santa Monica

State

CA

Zip Code

90405-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US SENATE

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.28926

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

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

300.00

**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 69 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jane Turner

Mailing Address 144 Lakeshore Dr

City

Chesnee

State

SC

Zip Code

29323-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRYABE-SEALED AIR CORP

Occupation

EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27630

Amount of Each Receipt this Period

250.00

Ms. Jane V. Turner

**B.**

Full Name (Last, First, Middle Initial)

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

Occupation

RETIRED EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28808

Amount of Each Receipt this Period

20.00

Mrs. Mary C. Vassallo

**C.**

Full Name (Last, First, Middle Initial)

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

Occupation

RETIRED EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28928

Amount of Each Receipt this Period

20.00

Mrs. Mary C. Vassallo

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

290.00

**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 70 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Victoria Vaughan

Mailing Address 1014 W. Nicolet Street

City

Banning

State

CA

Zip Code

92220-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.28268

Amount of Each Receipt this Period

20.00

Ms. Victoria Vaughan

**B.**

Full Name (Last, First, Middle Initial)

Ms. Victoria Vaughan

Mailing Address 1014 W. Nicolet Street

City

Banning

State

CA

Zip Code

92220-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28686

Amount of Each Receipt this Period

20.00

Ms. Victoria Vaughan

**C.**

Full Name (Last, First, Middle Initial)

Havaralu Vijayakumar

Mailing Address P.O. Box 202

City

Albany

State

NY

Zip Code

12201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Splendor

Occupation  
Computer Engineer Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.29064

Amount of Each Receipt this Period

25.00

earmarked for Clinton for  
President

[MEMO ITEM]

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

40.00

**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 71 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Executive VP

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.27578

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

**B.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Executive VP

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.27579

Amount of Each Receipt this Period

250.00

Ms. Olga E. Vives

**C.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
Executive VP

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27580

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

**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 72 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27581

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

**B.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28687

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

**C.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28809

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

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

150.00

**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 73 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Occupation  
Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.29034

Amount of Each Receipt this Period

100.00

earmarked Clinton for Pre-  
sident

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City

Arlington

State

VA

Zip Code

22206-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL ORGANIZATION FOR  
WOMEN

Occupation  
Executive VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.28929

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marion Wagner

Mailing Address 4719 Bluffwood Drive N.

City

Indianapolis

State

IN

Zip Code

46228-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANA UNIVERSITY

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27820

Amount of Each Receipt this Period

25.00

Dr. Marion Wagner

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

75.00

**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 74 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marion Wagner

Mailing Address 4719 Bluffwood Drive N.

City

Indianapolis

State

IN

Zip Code

46228-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANA UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28688

Amount of Each Receipt this Period

25.00

Dr. Marion Wagner

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marion Wagner

Mailing Address 4719 Bluffwood Drive N.

City

Indianapolis

State

IN

Zip Code

46228-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANA UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28810

Amount of Each Receipt this Period

25.00

Dr. Marion Wagner

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marion Wagner

Mailing Address 4719 Bluffwood Drive N.

City

Indianapolis

State

IN

Zip Code

46228-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANA UNIVERSITY

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28930

Amount of Each Receipt this Period

25.00

Dr. Marion Wagner

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

75.00

**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 75 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

John Wakely

Mailing Address 300 W Stephens Street  
#14

City State Zip Code  
Quitman GA 31643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
City of Valdosta Georgia

Occupation  
WWTP Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.28997

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jessie Washington

Mailing Address 5801 Greentree Rd

City State Zip Code  
Bethesda MD 20817-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Accenture

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.29058

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jessie Washington

Mailing Address 5801 Greentree Rd

City State Zip Code  
Bethesda MD 20817-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Accenture

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: SA11AI.29016

Amount of Each Receipt this Period

100.00

earmarked for Clinton for  
President

**[MEMO ITEM]**

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

0.00

**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 76 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jessie Washington

Mailing Address 5801 Greentree Rd

City

Bethesda

State

MD

Zip Code

20817-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Accenture

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.29042

Amount of Each Receipt this Period

100.00

earmarked Clinton for Pre-  
sident

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jon Wegienek

Mailing Address 1853 Central Avenue, #15E

City

Yonkers

State

NY

Zip Code

10710-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST CHESTER MEDICAL CENT-  
ER

Occupation  
MICROBIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28987

Amount of Each Receipt this Period

300.00

Ms. Jon Wegienek

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha Wettemann

Mailing Address 714 Darrow Drive

City

Pleasant View

State

TN

Zip Code

37146-8073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF TN

Occupation  
STATISTICAL ANALYSIS SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.27757

Amount of Each Receipt this Period

25.00

Ms. Martha Wettemann

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

325.00

**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 77 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Martha Wettemann

Mailing Address 714 Darrow Drive

City

Pleasant View

State

TN

Zip Code

37146-8073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF TN

Occupation

STATISTICAL ANALYSIS SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28690

Amount of Each Receipt this Period

25.00

Ms. Martha Wettemann

**B.**

Full Name (Last, First, Middle Initial)

Ms. Martha Wettemann

Mailing Address 714 Darrow Drive

City

Pleasant View

State

TN

Zip Code

37146-8073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF TN

Occupation

STATISTICAL ANALYSIS SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28812

Amount of Each Receipt this Period

25.00

Ms. Martha Wettemann

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha Wettemann

Mailing Address 714 Darrow Drive

City

Pleasant View

State

TN

Zip Code

37146-8073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF TN

Occupation

STATISTICAL ANALYSIS SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28932

Amount of Each Receipt this Period

25.00

Ms. Martha Wettemann

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

75.00

**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 78 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)

Ms. Peg Yorkin

Mailing Address 433 S. Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90212-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.27099

Amount of Each Receipt this Period

1000.00

Ms. Peg Yorkin

**B.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Zierdt

Mailing Address 701 Roxboro Rd

City

Rockville

State

MD

Zip Code

20850-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.28814

Amount of Each Receipt this Period

20.00

Ms. Margaret Zierdt

**C.**

Full Name (Last, First, Middle Initial)

Ms. Margaret Zierdt

Mailing Address 701 Roxboro Rd

City

Rockville

State

MD

Zip Code

20850-3824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.28934

Amount of Each Receipt this Period

20.00

Ms. Margaret Zierdt

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

1040.00

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

17135.00

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

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

FOR LINE NUMBER: PAGE 79 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address 1909 K Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.67

Date of Receipt

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

Transaction ID: SA17.28574

Amount of Each Receipt this Period

24.89

interest

**B.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address 1909 K Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA17.28571

Amount of Each Receipt this Period

18.28

interest

**C.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address 1909 K Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.25

Date of Receipt

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

Transaction ID: SA17.29112

Amount of Each Receipt this Period

16.30

interest

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

59.47

**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 80 / 102

(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

**A.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address 1909 K Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.03

Date of Receipt

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

Transaction ID: SA17.29078

Amount of Each Receipt this Period

15.78

interest

**B.**

Full Name (Last, First, Middle Initial)  
BB&T

Mailing Address 1909 K Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.83

Date of Receipt

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

Transaction ID: SA17.29138

Amount of Each Receipt this Period

15.80

interest

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

31.58

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

91.05



# **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 81 / 102

<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

**A.**

Full Name (Last, First, Middle Initial)

Authorize.net

Mailing Address 915 S. 500 E.  
Suite 200

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.29134

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

25.20

**B.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1909 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.28572

Date of Disbursement

07 / 23 / 2007

Amount of Each Disbursement this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1909 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.28578

Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

15.00

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

55.20

**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 82 / 102

<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

**A.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1909 K Street, NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.29139

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1909 K Street, NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.29110

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1909 K Street, NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB21B.29079

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

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

45.00

**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 83 / 102

<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

**A.**

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address 1909 K Street, NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
service charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.29137

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

General Systems

Mailing Address 8306 D Old Courthouse Rd

City  
Vienna

State  
VA

Zip Code  
22182

Purpose of Disbursement  
data base maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.28595

Date of Disbursement

/   /

Amount of Each Disbursement this Period

561.22

**C.**

Full Name (Last, First, Middle Initial)

General Systems

Mailing Address 8306 D Old Courthouse Rd

City  
Vienna

State  
VA

Zip Code  
22182

Purpose of Disbursement  
data base maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.29088

Date of Disbursement

/   /

Amount of Each Disbursement this Period

579.18

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

1155.40

**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 84 / 102

<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

A.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.28588

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.90

B.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.28590

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.90

C.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.28592

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

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

124.80

**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 85 / 102

<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

**A.**

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.28581

Date of Disbursement

/   /

Amount of Each Disbursement this Period

147.73

**B.**

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.28583

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.27

**C.**

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.29113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.29

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

226.29

**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 86 / 102

<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

A.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.29114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.29103

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.27

C.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.29104

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.97

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

104.24

**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 87 / 102

<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

A.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.29082

Date of Disbursement

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

Amount of Each Disbursement this Period

55.13

B.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.29085

Date of Disbursement

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

Amount of Each Disbursement this Period

25.09

C.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.29131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

55.13

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

135.35

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 88 / 102

<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

**A.**

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.29132

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.96

**B.**

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
credit card processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.29136

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

J & N Printing

Mailing Address 2621 Luiss Deane Drive

City  
Cub Hill

State  
MD

Zip Code  
21234

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.28596

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4637.13

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

4682.09

**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 89 / 102

<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

A.

Full Name (Last, First, Middle Initial)

J & N Printing

Mailing Address 2621 Luiss Deane Drive

City  
Cub Hill

State  
MD

Zip Code  
21234

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.29080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

894.50

B.

Full Name (Last, First, Middle Initial)

National Organization for Women, Inc

Mailing Address 1100 H Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Salary and overhead

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.29183

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20000.00

C.

Full Name (Last, First, Middle Initial)

National Organization for Women, Inc

Mailing Address 1100 H Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Salary and overhead

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.29180

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

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

30894.50

**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)

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<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

A.

Full Name (Last, First, Middle Initial)

Stockton, Inc

Mailing Address 7940 Cesna Avenue

City Gaithersburg State MD Zip Code 20879

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.29181

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

4765.34

B.

Full Name (Last, First, Middle Initial)

Stockton, Inc

Mailing Address 7940 Cesna Avenue

City Gaithersburg State MD Zip Code 20879

Purpose of Disbursement  
mail shop

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.28597

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

3539.91

C.

Full Name (Last, First, Middle Initial)

Stockton, Inc

Mailing Address 7940 Cesna Avenue

City Gaithersburg State MD Zip Code 20879

Purpose of Disbursement  
mail shop

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.29127

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

930.28

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

9235.53

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

46658.40

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

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF BARBARA BOXER

Mailing Address PO BOX 641751

City  
LOS ANGELES

State  
CA

Zip Code  
90064

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.29128

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Mark Fraga

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB23.29141

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Vijayakumar Havaralu

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB23.29142

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

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

2000.00

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Carol Flaig

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB23.29143

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Janice Tichauer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB23.29144

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Jessie Washington

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** SB23.29145

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

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

0.00

**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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Bonnie Rice

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29146

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Amy Hackett

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29147

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Peter Kleberg

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29150

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

0.00

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  
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<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

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by John Wakeley

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29151

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Keishiro Matsumoto

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29152

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Angelia Banks

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29154

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

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

0.00

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

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

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29123

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Jean Taylor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29155

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Frank Greenlee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29156

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

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

5000.00

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

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

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Bonnie Rice

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29157

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by James Graham

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29159

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Jessie Washington

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29160

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

0.00

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

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(check only one)

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<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

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Linda Hughes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29162

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Mary Hill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29163

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Michael Palmer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29164

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

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

0.00

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

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

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for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Allen Scher

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29165

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Paul Mac Donald

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29166

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Olga Vives

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

0.00

**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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Elizabeth Bowling

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29168

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Annette Green

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29169

Date of Disbursement

/   /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Jessie Washington

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29170

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

0.00

**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 100 / 102

<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

A.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Judith Lieber

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29171

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Jan Allen

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29172

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Evelyn Merchant

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29173

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

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

0.00

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 101 / 102

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

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

**A.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Ann MacLeod

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29174

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by Steven Autry

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29175

Date of Disbursement

/   /

Amount of Each Disbursement this Period

395.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address PO Box 101436

City  
Arlington

State  
VA

Zip Code  
22210

Purpose of Disbursement  
earmarked by BJ Star

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.29178

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 102 / 102

<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

**A.**

Full Name (Last, First, Middle Initial)

Niki Tsongas Committee

Mailing Address P.O. Box 1454

City  
LowellState  
MAZip Code  
01853

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: SB23.29102

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ROBIN WEIRAUCH FOR CONGRESS

Mailing Address PO BOX 301

City  
NAPOLEONState  
OHZip Code  
43545

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: SB23.29125

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

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

1000.00

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

8000.00