

**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

11

25

2008

through

12

31

2008

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

Type or Print Name of Treasurer

Latifa Lyles

Signature of Treasurer

Electronically Filed by Latifa Lyles

Date

01

31

2009

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
1	1	2	5	2	0	0	8

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		23018.60
(b) Cash on Hand at Beginning of Reporting Period	57172.05	
(c) Total Receipts (from Line 19)	2294.25	176175.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59466.30	199194.57
7. Total Disbursements (from Line 31)	1820.05	141548.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57646.25	57646.25
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1497.25	108352.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	797.00	67780.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2294.25	176133.60
(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)	2294.25	176133.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	42.37
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))	2294.25	176175.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2294.25	176175.97

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1820.05	31453.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1820.05	31453.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	42782.39
24. Independent Expenditure (use Schedule E)	0.00	62673.38
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	4304.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4304.00
29. Other Disbursements.....	0.00	334.60
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))..	1820.05	141548.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1820.05	141548.32

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)	2294.25	176133.60
34. Total Contribution Refunds (from Line 28(d))	0.00	4304.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2294.25	171829.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1820.05	31453.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1820.05	31453.95

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

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

FOR LINE NUMBER: PAGE 6 / 21

(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. 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
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.34140

Amount of Each Receipt this Period

20.00

Mr. Paul Armer

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34134

Amount of Each Receipt this Period

25.00

Ms. Joan H. Bacall

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34078

Amount of Each Receipt this Period

25.00

Ms. Joanne Baldwin

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 7 / 21

(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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34148

Amount of Each Receipt this Period

25.00

Ms. M Coleen Barker

B.

Full Name (Last, First, Middle Initial)

Ms. Sheila Bayne

Mailing Address 10 Whitcomb Street

City

Belmont

State

MA

Zip Code

02478-1253

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 ▼

462.00

Date of Receipt

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

Transaction ID: SA11AI.34098

Amount of Each Receipt this Period

42.00

Ms. Sheila Bayne

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.34118

Amount of Each Receipt this Period

20.00

Ms. Rebecca Behrendt

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 21

(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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.34144

Amount of Each Receipt this Period

40.00

Ms. Priscilla B. Bellairs

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa Beutler

Mailing Address 3920 El Ricon Way

City

Sacramento

State

CA

Zip Code

95864-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF CALIFORNIA

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

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

Transaction ID: SA11AI.34130

Amount of Each Receipt this Period

15.25

Ms. Lisa Beutler

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 ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.34111

Amount of Each Receipt this Period

25.00

Ms. Mary Boice

SUBTOTAL of Receipts This Page (optional)

80.25

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 / 21

(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 Carter

Mailing Address 825 Intervale Road

City

Bethel

State

ME

Zip Code

04217-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAD, Bethel, ME

Occupation
bus driver

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 5 / 2 0 0 8

Transaction ID: SA11AI.34112

Amount of Each Receipt this Period

25.00

Ms. Patricia Carter

B.

Full Name (Last, First, Middle Initial)

Mr. Morgan Clark

Mailing Address 203 Academy St.

City

South Orange

State

NJ

Zip Code

07079-1829

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 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.34135

Amount of Each Receipt this Period

20.00

Mr. Morgan Clark

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 5 / 2 0 0 8

Transaction ID: SA11AI.34100

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34127

Amount of Each Receipt this Period

25.00

Senator Sue Errington

B.

Full Name (Last, First, Middle Initial)

Prof. Tracey George

Mailing Address 131 21st Avenue South

City

Nashville

State

TN

Zip Code

37203-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanderbilt University, Na-
shville, TN

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
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.34088

Amount of Each Receipt this Period

25.00

Prof. Tracey E. George

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 ▼

335.00

Date of Receipt

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

Transaction ID: SA11AI.34146

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)
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FOR LINE NUMBER: PAGE 11 / 21

(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 5 / 2 0 0 8

Transaction ID: SA11AI.34106

Amount of Each Receipt this Period

25.00

Thomas G. Gutheil M.D.

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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.34082

Amount of Each Receipt this Period

40.00

Ms. Edith C. Herron

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.34083

Amount of Each Receipt this Period

35.00

Ms. Betty J. Holling

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 12 / 21

(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 17 Church St. Apt. # 41

City

St Johnsbury

State

VT

Zip Code

05819-2129

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 2 / 2 0 0 8

Transaction ID: SA11AI.34133

Amount of Each Receipt this Period

30.00

Ms. Ester LaBay

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
Brookline High School

Occupation

Social Worker

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 5 / 2 0 0 8

Transaction ID: SA11AI.34099

Amount of Each Receipt this Period

25.00

Mr. Austin S. Lin

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 5 / 2 0 0 8

Transaction ID: SA11AI.34110

Amount of Each Receipt this Period

25.00

Ms. Margaret McCartney

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 13 / 21

(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 5 / 2 0 0 8

Transaction ID: SA11AI.34087

Amount of Each Receipt this Period

25.00

Mr. William D. McFarlane
Jr.

B.

Full Name (Last, First, Middle Initial)

Ms. Nancy Moore

Mailing Address 3284 Noreen Drive

City

Columbus

State

OH

Zip Code

43221-4567

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHIO E P A

Occupation
ERW MGR

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 5 / 2 0 0 8

Transaction ID: SA11AI.34105

Amount of Each Receipt this Period

20.00

Ms. Nancy Moore

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.34079

Amount of Each Receipt this Period

25.00

Ms. Zoanne Nordstrom

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 14 / 21

(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. Ann Pehle

Mailing Address PO Box 1268

City

Providence

State

RI

Zip Code

02901-1268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Textron

Occupation
Manager

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 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.34076

Amount of Each Receipt this Period

500.00

Ms. Ann K. Pehle

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 ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.34131

Amount of Each Receipt this Period

30.00

Ms. Shirley Plapp

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.34142

Amount of Each Receipt this Period

20.00

Ms. Carol Roggenstein

SUBTOTAL of Receipts This Page (optional)

550.00

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 / 21

(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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34143

Amount of Each Receipt this Period

25.00

Mr. Stanley H. Schroeder

B.

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 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.34109

Amount of Each Receipt this Period

20.00

Ms. Elsa Schultz

C.

Full Name (Last, First, Middle Initial)

Ms. Carolynn Schwartz

Mailing Address 946 Jenifer St

City

Madison

State

WI

Zip Code

53703-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
musician

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 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.34107

Amount of Each Receipt this Period

25.00

Ms. Carolynn Schwartz

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 16 / 21

(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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.34150

Amount of Each Receipt this Period

25.00

Ms. Barbara Selsor

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.34136

Amount of Each Receipt this Period

35.00

Ms. Mona M. Taylor

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Timmer

Mailing Address 261 S. Reeves Drive PH1

City

Beverly Hills

State

CA

Zip Code

90212-0000

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 ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.34115

Amount of Each Receipt this Period

100.00

Ms. Barbara Timmer

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 21

(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)

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 Y
1 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.34117

Amount of Each Receipt this Period

20.00

Mrs. Mary C. Vassallo

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

Exective VP

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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.34094

Amount of Each Receipt this Period

50.00

Ms. Olga E. Vives

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 5 / 2 0 0 8

Transaction ID: SA11AI.34121

Amount of Each Receipt this Period

20.00

Ms. Margaret Zierdt

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

1497.25

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 18 / 21

☒ 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) American Express Mailing Address PO Box 7006	Transaction ID: SB21B.34172 Date of Disbursement <div> <div>12</div> <div>02</div> <div>2008</div> </div>
City Midvale State UT Zip Code 84047 Purpose of Disbursement credit card processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4.50</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 7006 City Midvale State UT Zip Code 84047 Purpose of Disbursement credit card processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34170 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>6.13</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 7006 City Midvale State UT Zip Code 84047 Purpose of Disbursement credit card processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34171 Date of Disbursement <div> <div>12</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>8.21</div>

SUBTOTAL of Disbursements This Page (optional)

18.84

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 19 / 21

<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

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34169

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

25.00

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/donor processing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34164

Date of Disbursement

12 / 16 / 2008

Amount of Each Disbursement this Period

748.00

C.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address 10 Glenlake Parkway NE
North Tower

City
Atlanta

State
GA

Zip Code
30328

Purpose of Disbursement
credit card processing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34165

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

50.99

SUBTOTAL of Disbursements This Page (optional)

823.99

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 20 / 21

<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 10 Glenlake Parkway NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
credit card processing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34166

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

27.50

B.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address 10 Glenlake Parkway NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
credit card processing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34167

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Global STL NDPS

Mailing Address 10 Glenlake Parkway NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
credit card processing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34168

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

47.50

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 PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 21

<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)

Payment Solutions

Mailing Address P O Box 30217

City
BethesdaState
MDZip Code
20924Purpose of Disbursement
credit card processing

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34162

Date of Disbursement

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

Amount of Each Disbursement this Period

155.20

B.

Full Name (Last, First, Middle Initial)

Tri-State Envelope Corporation

Mailing Address P.O. Box 433

City
BeltsvilleState
MDZip Code
20704Purpose of Disbursement
printing

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34163

Date of Disbursement

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

Amount of Each Disbursement this Period

756.67

SUBTOTAL of Disbursements This Page (optional)

911.87

TOTAL This Period (last page this line number only)

1802.20