

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Organic Consumers Fund PAC

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Ms Alexis Lynn Baden-Mayer, Esq.

Signature of Treasurer Electronically Filed by Ms Alexis Lynn Baden-Mayer, Esq. Date 01 29 2010

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

Write or Type Committee Name
Organic Consumers Fund PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		2076.43
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	5677.70									
(c) Total Receipts (from Line 19)	6270.00	16427.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11947.70	18503.43								
7. Total Disbursements (from Line 31)	5113.31	11669.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6834.39	6834.39								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Organic Consumers Fund PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2125.00	2800.00
(ii) Unitemized	4145.00	13627.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6270.00	16427.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6270.00	16427.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6270.00	16427.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6270.00	16427.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	5113.31	11669.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5113.31	11669.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5113.31	11669.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5113.31	11669.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	6270.00	16427.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6270.00	16427.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5113.31	11669.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5113.31	11669.04

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

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

FOR LINE NUMBER: PAGE 6 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A. Full Name (Last, First, Middle Initial)
Jean Bennett
 Mailing Address 1616 S Denver
 City State Zip Code
 Tulsa OK 74119
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.12919
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation NUTRITIONIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Don Bushman
 Mailing Address 5310 Clear Run Dr
 City State Zip Code
 Wilimngton NC 28403
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.12883
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University N.c Occupation Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
Karen Casey
 Mailing Address 766 Shapley Rd
 City State Zip Code
 Guilford NY 13780
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.12988
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer School Occupation Ged Instructor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

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: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.	Full Name (Last, First, Middle Initial) Karen Casey		Date of Receipt																					
	Mailing Address 766 Shapley Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	5	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	5	/	2	0	0	9														
	City State Zip Code Guilford NY 13780		Transaction ID: SA11AI.13010																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer School School		Occupation Ged Instructor																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Karen Casey		Date of Receipt																					
	Mailing Address 766 Shapley Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	3	1	/	2	0	0	9														
	City State Zip Code Guilford NY 13780		Transaction ID: SA11AI.13033																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer School School		Occupation Ged Instructor																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00																						

C.	Full Name (Last, First, Middle Initial) Judith Grunberg		Date of Receipt																					
	Mailing Address 83 Silvernail Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	0	9	/	2	0	0	9														
	City State Zip Code Valatie NY 12184-4212		Transaction ID: SA11AI.12959																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00																						
Name of Employer SELF		Occupation Self																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00																						

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 8 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.

Full Name (Last, First, Middle Initial)
Judith Grunberg

Mailing Address 83 Silvernail Rd

City Valatie State NY Zip Code 12184-4212

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

Name of Employer SELF Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.12998

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Judith Grunberg

Mailing Address 83 Silvernail Rd

City Valatie State NY Zip Code 12184-4212

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

Name of Employer SELF Occupation Self

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: SA11AI.13018

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Karen Heston

Mailing Address 4 75 48th Avenue #3809

City Long Island City State NY Zip Code 11101

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

Name of Employer Self Employed Occupation Computer Artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.12878

Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 9 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.	Full Name (Last, First, Middle Initial) Karen Heston	Date of Receipt MM / DD / YYYY 08 / 22 / 2009
	Mailing Address 4 75 48th Avenue #3809	Transaction ID: SA11AI.12917
	City State Zip Code Long Island City NY 11101	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Computer Artist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Karen Heston	Date of Receipt MM / DD / YYYY 09 / 26 / 2009
	Mailing Address 4 75 48th Avenue #3809	Transaction ID: SA11AI.12949
	City State Zip Code Long Island City NY 11101	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Computer Artist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) Karen Heston	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 4 75 48th Avenue #3809	Transaction ID: SA11AI.12980
	City State Zip Code Long Island City NY 11101	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Computer Artist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

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 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A. Full Name (Last, First, Middle Initial)
Karen Heston
Mailing Address 4 75 48th Avenue #3809

City State Zip Code
Long Island City NY 11101

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

Name of Employer Self Employed Occupation Computer Artist

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 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.13009

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Karen Heston
Mailing Address 4 75 48th Avenue #3809

City State Zip Code
Long Island City NY 11101

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

Name of Employer Self Employed Occupation Computer Artist

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 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.13029

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Carole Kunstadt
Mailing Address 470 West End Ave

City State Zip Code
New York NY 10024

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

Name of Employer Self Employed Occupation Self Employed

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 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.12993

Amount of Each Receipt this Period
20.00

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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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A. Full Name (Last, First, Middle Initial)
Carole Kunstadt
Mailing Address 470 West End Ave
City New York State NY Zip Code 10024
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Self Employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 04 / 2009
Transaction ID: SA11AI.13014
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Carole Kunstadt
Mailing Address 470 West End Ave
City New York State NY Zip Code 10024
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Self Employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.13032
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Melanie Melia
Mailing Address 10 Cedar Swamp Road Suite 8
City Glen Cove State NY Zip Code 11542
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Natural Product Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 11 / 2009
Transaction ID: SA11AI.12845
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 140.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.	Full Name (Last, First, Middle Initial) Melanie Melia	Date of Receipt MM / DD / YYYY 08 / 15 / 2009
	Mailing Address 10 Cedar Swamp Road Suite 8	Transaction ID: SA11AI.12909
	City State Zip Code Glen Cove NY 11542	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wild Fire Occupation Natural Product Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

B.	Full Name (Last, First, Middle Initial) Melanie Melia	Date of Receipt MM / DD / YYYY 09 / 12 / 2009
	Mailing Address 10 Cedar Swamp Road Suite 8	Transaction ID: SA11AI.12942
	City State Zip Code Glen Cove NY 11542	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wild Fire Occupation Natural Product Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Melanie Melia	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 10 Cedar Swamp Road Suite 8	Transaction ID: SA11AI.12978
	City State Zip Code Glen Cove NY 11542	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wild Fire Occupation Natural Product Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 600.00	

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 13 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.

Full Name (Last, First, Middle Initial)
Melanie Melia

Mailing Address 10 Cedar Swamp Road Suite 8

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Wild Fire Occupation Natural Product Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.13003

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Melanie Melia

Mailing Address 10 Cedar Swamp Road Suite 8

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Wild Fire Occupation Natural Product Sales

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 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.13024

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Marthe Schulwolf

Mailing Address 109 Devries Ct

City State Zip Code
Piermont NY 10968

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

Name of Employer NA Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.12971

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.

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

Mailing Address 841 Chestnut Ridge Rd

City State Zip Code
Chestnut Ridge NY 10977

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

Name of Employer Occupation
Hungry Hollow Coop General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2009

Transaction ID: SA11AI.12937

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Roland Zimmerman

Mailing Address 10220 95th St Nw

City State Zip Code
Noonan ND 58765-9520

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

Name of Employer Occupation
None Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: SA11AI.12902

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	2125.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Organic Consumers Fund PAC

A.

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

Mailing Address 941 O Street Suite 625

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
Fundraising

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.13035

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

5053.31

SUBTOTAL of Disbursements This Page (optional)

5053.31

TOTAL This Period (last page this line number only)

5053.31