

**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

Women's Campaign Forum

ADDRESS (number and street)

734 15th Street, NW Suite 500

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00424150

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

11

04

2008

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

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

Katherine Ray

Signature of Treasurer

Electronically Filed by Katherine Ray

Date

10

20

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  
Women's Campaign Forum

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		8267.56
(b) Cash on Hand at Beginning of Reporting Period .....	15422.92	
(c) Total Receipts (from Line 19) .....	5110.00	130562.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20532.92	138830.23
7. Total Disbursements (from Line 31) .....	7317.64	125614.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13215.28	13215.28
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  
Women's Campaign Forum

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	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	2500.00	46953.00
(i) Itemized (use Schedule A) .....	2610.00	83609.57
(ii) Unitemized .....	5110.00	130562.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	5110.00	130562.57
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	0.10
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)) .....	5110.00	130562.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5110.00	130562.67

**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.....	285.64	34301.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	285.64	34301.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	59750.00
24. Independent Expenditure (use Schedule E) .....	1232.00	24113.33
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.....	1300.00	7450.00
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))..	7317.64	125614.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7317.64	125614.95

**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) .....	5110.00	130562.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5110.00	130562.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	285.64	34301.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	285.64	34301.62

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

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

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

Women's Campaign Forum

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Dorfman

Mailing Address Carolyn Dorfman Dance Co.  
2780 Morris Ave, Ste 1-A

City State Zip Code  
Union NJ 07083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolyn Dorfman Dance Co.

Occupation  
Artistic Director, Carolyn Dor

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5150589

Amount of Each Receipt this Period

2500.00

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

2500.00

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

2500.00

# **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 7 / 24

<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)  
Women's Campaign Forum

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D256541 <b>Date of Disbursement</b> <div> <div>10</div> <div>06</div> <div>2008</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>8.12</div> <div>003</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D256542 <b>Date of Disbursement</b> <div>10</div> <div>06</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>50.00</div> <div>003</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Blue State Digital Mailing Address Blue State Digital 734 15th St., NW, Suite 1000 City Washington State DC Zip Code 20005 Purpose of Disbursement Website Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D256547 <b>Date of Disbursement</b> <div>10</div> <div>06</div> <div>2008</div> <b>Amount of Each Disbursement this Period</b> <div>209.00</div> <div>001</div> Category/ Type

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

267.12

**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)  
Women's Campaign Forum

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) City National Bank</p> <p>Mailing Address 2029 Century Park East-13 Level</p> <p>City Los Angeles State CA Zip Code 90067</p> <p>Purpose of Disbursement Merchant Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D256537</p> <p>Date of Disbursement 10 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 18.52</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Jed Ober</p> <p>Mailing Address 1627 5th Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Bundling Program Website Development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D256554</p> <p>Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1232.00</p> <p>001 Category/ Type</p> <p>[MEMO ITEM]</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Jed Ober</p> <p>Mailing Address 1627 5th Street NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Bundling Program Website Development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D256555</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1232.00</p> <p>001 Category/ Type</p> <p>[MEMO ITEM]</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► 18.52</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ► 285.64</p>	



# **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 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)  
Women's Campaign Forum

A.

Full Name (Last, First, Middle Initial)  
Bennett 2008

Mailing Address 25 S 15TH ST

City ALLENTOWN State PA Zip Code 18102

Purpose of Disbursement  
Federal Contribution

Candidate Name  
Ms. Sam Bennett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: PA District: 15

Transaction ID: D256532

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)  
Wulsin for Congress

Mailing Address 8875 Spooky Ridge Lane

City Cincinnati State OH Zip Code 45242

Purpose of Disbursement  
Federal Contribution

Candidate Name  
Victoria Wulsin

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: OH District: 02

Transaction ID: D256534

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)  
Wulsin for Congress

Mailing Address 8875 Spooky Ridge Lane

City Cincinnati State OH Zip Code 45242

Purpose of Disbursement  
Federal Contribution

Candidate Name  
Victoria Wulsin

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: OH District: 02

Transaction ID: D256535

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

4500.00

# **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 10 / 24

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Women's Campaign Forum

**A.**

Full Name (Last, First, Middle Initial)  
Danielle Blue for Senate Committee

Mailing Address 471 E. Broad Street, Suite 1100

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name  
Danielle Blue

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: OH District:

Transaction ID: D256531

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Jill Long Thompson for Governor

Mailing Address 804 N. Delaware Street

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Non-Federal Contribution

Candidate Name  
Jill Long Thompson

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: D256530

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

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

1300.00

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

1300.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 / 24

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256696	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.90		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256697	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judy Biggert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.88		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256698	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirsten Gillibrand		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.88		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256672	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Annette Taddeo		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 186.06		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256673	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Morgenthau		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 177.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256674	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256675	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Betsy Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256675	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christine Jennings		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		Transaction ID: D256677	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		Transaction ID: D256678	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256679	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256680	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 03 / 2008	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		Transaction ID: D256681	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 03 / 2008	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		Transaction ID: D256682	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Barnes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date MM / DD / YYYY 10 / 20 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 03 / 2008	
Mailing Address 1627 5th Street NW		Amount 49.28	
City State Zip Code Washington DC 20001		Transaction ID: D256683	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 177.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 03 / 2008	
Mailing Address 1627 5th Street NW		Amount 49.28	
City State Zip Code Washington DC 20001		Transaction ID: D256684	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date MM / DD / YYYY 10 / 20 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		FEC IDENTIFICATION NUMBER <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 03 / 2008	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		Transaction ID: D256685	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chellie Pingree		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.93		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date MM / DD / YYYY 10 / 03 / 2008	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		Transaction ID: D256686	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Margaret Krupp		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 177.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date MM / DD / YYYY 10 / 20 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256687	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 587.49		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256688	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 177.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256689	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ms. Sam Bennett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1094.91		2008	
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256690	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 177.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		98.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Katherine Ray Signature		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8</div> </div>	
Mailing Address 1627 5th Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">49.28</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20001</div> </div>		<b>Transaction ID:</b> D256691	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1094.91</div>			

  

Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8</div> </div>	
Mailing Address 1627 5th Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">49.28</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20001</div> </div>		<b>Transaction ID:</b> D256693	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>11</u> <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Debbie Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1094.91</div>			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">98.56</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Katherine Ray

Signature

Date

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women's Campaign Forum		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00424150	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mr. Jed Ober		Date M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8	
Mailing Address 1627 5th Street NW		Amount 49.28	
City Washington State DC Zip Code 20001		<b>Transaction ID:</b> D256694	
Purpose of Expenditure Bundling Program Web-site Development		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: 27 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		177.44	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	49.28
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	1232.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Katherine Ray Signature	Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8

**Image# 28933600422**

Form/Schedule: **SB21B**

Transaction ID: **D256554**

This is to record the total amount invoiced for website development connected to our bundling program, which presently has 25 candidates. The costs are shown as IEs for the candidates in our bundling program.

Form/Schedule: **SB21B**

Transaction ID: **D256555**

This memo entry is to record the payment of the invoice from 10/3/08 for our bundling program website development.

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