

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
National Organization for Women PAC

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  10 / 14 / 2010 through  11 / 22 / 2010

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 Allendra Letsome

Signature of Treasurer Allendra Letsome [Electronically Filed] Date  09 / 08 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Organization for Women PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		12288.61
(b) Cash on Hand at Beginning of Reporting Period.....	42446.84	
(c) Total Receipts (from Line 19) .....	7472.94	50398.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	49919.78	62687.50
7. Total Disbursements (from Line 31).....	12562.16	25329.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37357.62	37357.62
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

Write or Type Committee Name

**National Organization for Women 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).....	1868.00	9088.00
(ii) Unitemized .....	5114.94	40255.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6982.94	49343.89
(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) .....	6982.94	49343.89
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.).....	490.00	1055.00
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 Transfers (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))..... ▶	7472.94	50398.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7472.94	50398.89

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	776.16	13543.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	776.16	13543.88
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	11786.00	11786.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	12562.16	25329.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12562.16	25329.88

**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) .....	6982.94	49343.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6982.94	49343.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	776.16	13543.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	776.16	13543.88

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

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

FOR LINE NUMBER: PAGE 6 OF 21  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Paul Armer**

Mailing Address 1700 De Anza Blvd. #114

City San Mateo	State CA	Zip Code 94403-3967
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

**Transaction ID : SA11AI.37058**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Ms. M Coleen Barker**

Mailing Address 33542 Valle Road

City San Juan Capistrano	State CA	Zip Code 92675-4800
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Financial Group	Occupation Mortgage Loan Consultant
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2010

**Transaction ID : SA11AI.36930**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Ms. M Coleen Barker**

Mailing Address 33542 Valle Road

City San Juan Capistrano	State CA	Zip Code 92675-4800
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Financial Group	Occupation Mortgage Loan Consultant
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

**Transaction ID : SA11AI.37063**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Xandra Coe**

Mailing Address 3827 Sheridan Avenue, S.

City	State	Zip Code
Minneapolis	MN	55410-1227

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

Name of Employer	Occupation
Self-Employed	Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	15	/	2010

**Transaction ID : SA11AI.36882**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Xandra Coe**

Mailing Address 3827 Sheridan Avenue, S.

City	State	Zip Code
Minneapolis	MN	55410-1227

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

Name of Employer	Occupation
Self-Employed	Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	18	/	2010

**Transaction ID : SA11AI.37028**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Diane G Dicarlo**

Mailing Address 65 Wellesley Ave

City	State	Zip Code
Needham	MA	02494-1821

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

Name of Employer	Occupation
Retired	Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	15	/	2010

**Transaction ID : SA11AI.36883**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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 9 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**National Organization for Women PAC**

**A. Diane G Dicarlo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 Wellesley Ave  
City Needham State MA Zip Code 02494-1821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2010  
**Transaction ID : SA11AI.37029**  
Amount of Each Receipt this Period  
35.00

**B. Ms. Melissa Epple**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Village Lane  
City Santa Fe State NM Zip Code 87505-9024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation MESSAGE THERAPIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2010  
**Transaction ID : SA11AI.36968**  
Amount of Each Receipt this Period  
108.00

**C. Ms Sue Errington**  
Full Name (Last, First, Middle Initial)  
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 greater indiana Occupation director of public policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2010  
**Transaction ID : SA11AI.36912**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 168.00  
**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 11 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Betty J Holling**

Mailing Address 15 Sylvan Avenue

City Chelmsford	State MA	Zip Code 01824-2327
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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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2010

**Transaction ID : SA11AI.36846**

Amount of Each Receipt this Period  
350.00

Full Name (Last, First, Middle Initial)  
**B. Ms. Betty J Holling**

Mailing Address 15 Sylvan Avenue

City Chelmsford	State MA	Zip Code 01824-2327
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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 ▼  
385.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

**Transaction ID : SA11AI.37034**

Amount of Each Receipt this Period  
35.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Carol Adaire Jones**

Mailing Address 730 Dartmouth Ave

City Silver Spring	State MD	Zip Code 20910-0000
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FEC ID number of contributing federal political committee. **C**

Name of Employer USDA	Occupation Economist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

**Transaction ID : SA11AI.36956**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> 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 OF 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. Mr. William McFarlane Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 1/2 9th Street  
 City State Zip Code  
 West Palm Beach FL 33401-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2010  
**Transaction ID : SA11AI.36848**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr. William McFarlane Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 1/2 9th Street  
 City State Zip Code  
 West Palm Beach FL 33401-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2010  
**Transaction ID : SA11AI.37035**  
 Amount of Each Receipt this Period  
 25.00

**C. Ms. Shirley Plapp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8914 Rockmont Terrace  
 City State Zip Code  
 Colorado Springs CO 80920-6802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Register Nurse  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2010  
**Transaction ID : SA11AI.36916**  
 Amount of Each Receipt this Period  
 30.00

**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: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ms. Shirley Plapp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8914 Rockmont Terrace

City Colorado Springs	State CO	Zip Code 80920-6802
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Register Nurse
-----------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

**Transaction ID : SA11AI.37055**

Amount of Each Receipt this Period  

30.00
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**B. Ms. Carol Roggenstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3852 Dunes Road

City Palm Beach Gardens	State FL	Zip Code 33410-2348
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FEC ID number of contributing federal political committee. **C**

Name of Employer Palm Beach County, FL	Occupation Librarian
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

**Transaction ID : SA11AI.37059**

Amount of Each Receipt this Period  

20.00
-------

**C. Ms. Judith Russell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2426 Westside Drive

City North Chili	State NY	Zip Code 14514-1012
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Farmer
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2010

**Transaction ID : SA11AI.36842**

Amount of Each Receipt this Period  

200.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

**A. Mr. Stanley Schroeder**  
Full Name (Last, First, Middle Initial)  
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 Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2010

**Transaction ID : SA11AI.36911**

Amount of Each Receipt this Period  

25.00
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**B. Mr. Stanley Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 572 Wapiti Loop

City Hamilton	State MT	Zip Code 59840-9605
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

**Transaction ID : SA11AI.37060**

Amount of Each Receipt this Period  

25.00
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**C. Ms. Elsa Schultz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 Coe Rd #111

City Belleair, FL 3375	State FL	Zip Code 33756-1951
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

**Transaction ID : SA11AI.37040**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> 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 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

**A. Ms.Carolynn Schwartz**  
Full Name (Last, First, Middle Initial)  
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-Employed Occupation Musician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 15 / 2010  
**Transaction ID : SA11AI.36860**  
Amount of Each Receipt this Period 250.00

**B. Ms.Carolynn Schwartz**  
Full Name (Last, First, Middle Initial)  
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-Employed Occupation Musician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 275.00

Date of Receipt 11 / 18 / 2010  
**Transaction ID : SA11AI.37033**  
Amount of Each Receipt this Period 25.00

**C. Mrs. Mary C. Vassallo**  
Full Name (Last, First, Middle Initial)  
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 Retired Occupation Educator  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.00

Date of Receipt 11 / 18 / 2010  
**Transaction ID : SA11AI.37044**  
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<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)  
**National Organization for Women PAC**

**A. Mr. Eldon Wedlock**  
Full Name (Last, First, Middle Initial)

Mailing Address 4525 Cove Circle, #308

City St Petersburg State FL Zip Code 33708-0000

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

Name of Employer University of S.C. Law School Occupation Prof Emer. (retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2010  
**Transaction ID : SA11AI.37045**

Amount of Each Receipt this Period  
100.00

**B. Ms Ellen Westheimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 TIMOTHY LANE

City CARLISLE State MA Zip Code 01741-1619

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2010  
**Transaction ID : SA11AI.36980**

Amount of Each Receipt this Period  
490.00

**C. Ms. Louise Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Pepperwood Dr

City Little River State CA Zip Code 95425-5447

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

Name of Employer Retired Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2010  
**Transaction ID : SA11AI.36867**

Amount of Each Receipt this Period  
25.00

**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: PAGE 17 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

**A. Ms. Louise Young**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 Pepperwood Dr  
City Little River State CA Zip Code 95425-5447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Teacher  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt **11 / 18 / 2010**  
**Transaction ID : SA11AI.37046**  
Amount of Each Receipt this Period **25.00**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>25.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1868.00</b>

**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 18 OF 21
<input 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 checked="" type="checkbox"/> 17

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

**A. Ms. Mary Boice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Coronado Shrs

City Lincoln City	State OR	Zip Code 97367-5201
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

**Transaction ID : SA17.40200**

Amount of Each Receipt this Period  
25.00

**B. Ms. Zoanne Nordstrom**  
Full Name (Last, First, Middle Initial)  
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 Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

**Transaction ID : SA17.40201**

Amount of Each Receipt this Period  
25.00

**C. Ms. Zoanne Nordstrom**  
Full Name (Last, First, Middle Initial)  
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 Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2010

**Transaction ID : SA17.40213**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	75.00

# 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)

<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**

Full Name (Last, First, Middle Initial)

### A. Authorize.net

Mailing Address 915 S. 500 E.  
Suite 200

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2010			

Transaction ID : SB21B.37078

Amount of Each Disbursement this Period

32.10
-------

Full Name (Last, First, Middle Initial)

### B. Global STL NDPS

Mailing Address 10 Glenlake Parkway NE  
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2010			

Transaction ID : SB21B.37076

Amount of Each Disbursement this Period

109.41
--------

Full Name (Last, First, Middle Initial)

### C. Global STL NDPS

Mailing Address 10 Glenlake Parkway NE  
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2010			

Transaction ID : SB21B.37077

Amount of Each Disbursement this Period

104.61
--------

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

246.12
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Halt, Buzas & Powell, Ltd**

Mailing Address 99 Canal Center Plaza  
Suite 230

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2010			

**Transaction ID : SB21B.37075**

Amount of Each Disbursement this Period

364.50
--------

Full Name (Last, First, Middle Initial)

**B. Payment Solutions**

Mailing Address P O Box 30217

City Bethesda State MD Zip Code 20924

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2010			

**Transaction ID : SB21B.37088**

Amount of Each Disbursement this Period

140.20
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

504.70
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750.82
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**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)

<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)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)

**A. National Organization for Women Equality PAC**

Mailing Address 1100 H Street, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2010			

**Transaction ID : SB29.37081**

Amount of Each Disbursement this Period

11786.00
----------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

11786.00
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11786.00
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