

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

Organic Consumers Fund PAC

ADDRESS (number and street) 1858 Mintwood Place, NW #4

Check if different than previously reported. (ACC)

Washington DC 20009

2. **FEC IDENTIFICATION NUMBER** C00426338

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12G)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

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

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

Signature of Treasurer Electronically Filed by Ms Alexis Lynn Baden-Mayer, Esq. Date 01 30 2007

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Organic Consumers Fund PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		2.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	10.00									
(c) Total Receipts (from Line 19) .....	43428.11	92686.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43438.11	92688.22								
7. Total Disbursements (from Line 31) .....	43429.53	92679.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8.58	8.58								
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) .....	3691.24									

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

Organic Consumers Fund PAC

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7000.00	14110.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	36323.11	78471.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43323.11	92581.22
(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) .....	43323.11	92581.22
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 .....	105.00	105.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43428.11	92686.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43428.11	92686.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	43429.53	92679.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	43429.53	92679.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43429.53	92679.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43429.53	92679.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	43323.11	92581.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43323.11	92581.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	43429.53	92679.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	43429.53	92679.64

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

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

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.** Full Name (Last, First, Middle Initial)  
Danielle Barrani

Mailing Address 328 South 800 East

City State Zip Code  
Salt Lake UT 84102

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

Name of Employer SELF-EMPLOYED      Occupation FREELANCE WRITER

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      550.00

Date of Receipt  

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

**Transaction ID:** SA11AI.8873

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jean Bennett

Mailing Address

City State Zip Code

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

Name of Employer      Occupation

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.8950

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Marian Bradley Kohr

Mailing Address

City State Zip Code

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

Name of Employer      Occupation

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.8755

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
Anne Brinkley

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 ▼  
300.00

Date of Receipt  

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

**Transaction ID:** SA11AI.8868

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ursula Brown

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 ▼  
400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9083

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Childers

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 ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9054

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.** Full Name (Last, First, Middle Initial)  
Deva Fleming

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 7

**Transaction ID:** SA11AI.8672

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Deva Fleming

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI.8867

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Carole Hoffman

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 7

**Transaction ID:** SA11AI.8259

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
Stephanie Keach

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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 7

**Transaction ID:** SA11AI.8716

Amount of Each Receipt this Period  
 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan Lauffer

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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.7368

Amount of Each Receipt this Period  
 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Livingston

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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 7 / 2 0 0 7

**Transaction ID:** SA11AI.8252

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 10 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.** Full Name (Last, First, Middle Initial)  
Marlin Martin

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 ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI.8856

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Gretchen Meisinger

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 ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** SA11AI.8434

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Theresa Perenich

Mailing Address 215 Riverhill Dr

City State Zip Code  
Athens GA 30606

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.8542

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 / 19  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dave Perkins

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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 7

**Transaction ID:** SA11AI.8714

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Irisha Pomerantzeff

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 ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 7

**Transaction ID:** SA11AI.8523

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Floria Rogers

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 ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 7

**Transaction ID:** SA11AI.8794

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard Schlackman  
Mailing Address 470 Alvarado St  
City San Francisco State CA Zip Code 94114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MSHC PARTNERS Occupation POLITICAL CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 03 / 2007  
Transaction ID: SA11AI.7305  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dianne Shumaker  
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 ▼ 1000.00  
Date of Receipt 10 / 20 / 2007  
Transaction ID: SA11AI.8385  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Christine Staub  
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 ▼ 225.00  
Date of Receipt 10 / 27 / 2007  
Transaction ID: SA11AI.8475  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00  
**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 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Caroline Stoia		Date of Receipt
	Mailing Address 175 Saint Marks Ave #3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 7 / 2 0 0 7
	City	State	Zip Code
	Brooklyn	NY	11238
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9105
Name of Employer SELF		Occupation HOUSEWIFE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 400.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Tell		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 0 7
	City	State	Zip Code
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.9036
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period
		<input type="text"/> 400.00	<input type="text"/> 200.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Cynthia Wainwright		Date of Receipt
	Mailing Address 1050 Park Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 0 8 / 2 0 0 7
	City	State	Zip Code
	New York City	NY	10028
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8060
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 19  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial) Steven Weirs		Date of Receipt
Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 7 / 2 0 0 7
City State Zip Code		<b>Transaction ID:</b> SA11AI.8449
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

**B.**

Full Name (Last, First, Middle Initial) Eleanor Zimmerman		Date of Receipt
Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 7 / 2 0 0 7
City State Zip Code		<b>Transaction ID:</b> SA11AI.9086
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 7000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 19  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bank

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 ▼ 5.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2007

Transaction ID: SA16.9204

Amount of Each Receipt this Period  
5.00

Wrong amount on check or credit card

**B.**

Full Name (Last, First, Middle Initial)  
Martha Ferguson

Mailing Address 42 L Madison Park Gardens

City State Zip Code  
Fort Washington NY 11050

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

Name of Employer Occupation  
HUELETT WOODMEER SCHOOL DISTRICT TEACHER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2007

Transaction ID: SA16.9209

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Deva Fleming

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 07 / 2007

Transaction ID: SA16.9214

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **65.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.**

Full Name (Last, First, Middle Initial) Phil Kambeitz		Date of Receipt
Mailing Address		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7
City State Zip Code		<b>Transaction ID:</b> SA16.9215
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 30.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 90.00	

**B.**

Full Name (Last, First, Middle Initial) Leah Anne Mccann		Date of Receipt
Mailing Address 1304 Anderson Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
City State Zip Code Coos Bay OR 97420		<b>Transaction ID:</b> SA16.9212
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer	Occupation DISABLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 20.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 40.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 105.00



**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 17 / 19

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

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

A.	Full Name (Last, First, Middle Initial) Hudson Bay Company of IL	Transaction ID: SB21B.9244
	Mailing Address 941 O Street Suite 625	Date of Disbursement 12 / 31 / 2007
	City Lincoln State NE Zip Code 68508	Amount of Each Disbursement this Period 7703.29
	Purpose of Disbursement Debt for Fundraising Expenses	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hudson Bay Company of IL	Transaction ID: SB21B.9245
	Mailing Address 941 O Street Suite 625	Date of Disbursement 12 / 31 / 2007
	City Lincoln State NE Zip Code 68508	Amount of Each Disbursement this Period 35594.82
	Purpose of Disbursement Telephone Fundraising Costs	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	43298.11
<b>TOTAL</b> This Period (last page this line number only) .....	43298.11

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 / 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hudson Bay Company of IL			Nature of Debt (Purpose): Telephone Fundraising
Mailing Address 941 O Street Suite 625			
City Lincoln	State NE	ZIP Code 68508	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.7239</b>	
11394.53			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	7703.29	3691.24	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3691.24
2) <b>TOTALS</b> This Period (last page this line number only).....	3691.24
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	3691.24

**Image# 28930174516**

Form/Schedule: **SB21B** Telephone fundraising for PAC, without mentioning any specific candidate.

Transaction ID: **SB21B.9245**

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