

# 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 01 01 2009 through 06 30 2009

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

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

Signature of Treasurer Electronically Filed by Ms Alexis Lynn Baden-Mayer, Esq. Date 07 29 2009

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

Office Use Only									
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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	D D	Y Y Y Y
0 1	0 1	2 0 0 9

 To: 

M M	D D	Y Y Y Y
0 6	3 0	2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 0 9</td></tr></table>	Y Y Y Y	2 0 0 9		2076.43
Y Y Y Y				
2 0 0 9				
(b) Cash on Hand at Beginning of Reporting Period .....	2076.43			
(c) Total Receipts (from Line 19) .....	10157.00	10157.00		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12233.43	12233.43		
7. Total Disbursements (from Line 31) .....	6555.73	6555.73		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5677.70	5677.70		
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Organic Consumers Fund PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	675.00	675.00
(ii) Unitemized .....	9482.00	9482.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10157.00	10157.00
(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) .....	10157.00	10157.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10157.00	10157.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10157.00	10157.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	6555.73	6555.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6555.73	6555.73
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))..	6555.73	6555.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6555.73	6555.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	10157.00	10157.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10157.00	10157.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6555.73	6555.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6555.73	6555.73

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

**A.** Full Name (Last, First, Middle Initial)  
Don Bushman

Mailing Address 5310 Clear Run Dr

City State Zip Code  
Wilmington NC 28403

FEC ID number of contributing federal political committee. C

Name of Employer University N.c      Occupation Teacher

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
01 / 11 / 2009

**Transaction ID:** SA11AI.12341

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Heston

Mailing Address 4 75 48th Avenue #3809

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed      Occupation Computer Artist

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 09 / 2009

**Transaction ID:** SA11AI.12752

Amount of Each Receipt this Period 50.00

**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 Self-employed      Occupation Retired

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
06 / 06 / 2009

**Transaction ID:** SA11AI.12787

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... 425.00

**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 / 9	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Organic Consumers Fund PAC

A.

Full Name (Last, First, Middle Initial) Peter Wiesner		Date of Receipt	
Mailing Address 841 Chestnut Ridge Rd		M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 9	
City	State	Zip Code	Transaction ID: SA11AI.12754
Chestnut Ridge	NY	10977	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00	
Name of Employer Hungry Hollow Coop		Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	675.00

**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)  
Organic Consumers Fund PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Hudson Bay Company of IL  Mailing Address 941 O Street Suite 625  City Lincoln State NE Zip Code 68508  Purpose of Disbursement OCF PAC Phone Canvass Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12821 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9  Amount of Each Disbursement this Period 3795.41  003 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Hudson Bay Company of IL  Mailing Address 941 O Street Suite 625  City Lincoln State NE Zip Code 68508  Purpose of Disbursement OCF PAC Phone Canvass Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12825 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9  Amount of Each Disbursement this Period 1354.29  003 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Hudson Bay Company of IL  Mailing Address 941 O Street Suite 625  City Lincoln State NE Zip Code 68508  Purpose of Disbursement OCF PAC Phone Canvass Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12822 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9  Amount of Each Disbursement this Period 515.48  003 Category/ Type

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

5665.18

**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)

<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.12823  
Date of Disbursement

Mailing Address 941 O Street Suite 625

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

City Lincoln State NE Zip Code 68508

Amount of Each Disbursement this Period

Purpose of Disbursement  
OCF PAC Phone Canvass

003
Category/ Type

307.95
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Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

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

Transaction ID: SB21B.12824  
Date of Disbursement

Mailing Address 941 O Street Suite 625

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	9

City Lincoln State NE Zip Code 68508

Amount of Each Disbursement this Period

Purpose of Disbursement  
OCF PAC Phone Canvass

003
Category/ Type

451.36
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

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

Transaction ID: SB21B.12826  
Date of Disbursement

Mailing Address 941 O Street Suite 625

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City Lincoln State NE Zip Code 68508

Amount of Each Disbursement this Period

Purpose of Disbursement  
OCF PAC Phone Canvass

003
Category/ Type

65.24
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Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

824.55
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TOTAL This Period (last page this line number only) ..... ►

6489.73
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