

National Organization for Women PAC

1100 H Street, NW

3rd Fl

Washington

DC

20005

FEC ID No. C00092247

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 6

FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Ms. Marcia Pappas

Date

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

Mailing Address

3 Equality Court

Amount

123.16

City

Albany

State

NY

Zip Code

12205

Purpose of Expenditure

food, lodging, travel

Category/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29583

Calendar Year-To-Date Per Election

123.16

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Ms. Marcia Pappas

Date

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

Mailing Address

3 Equality Court

Amount

123.16

City

Albany

State

NY

Zip Code

12205

Purpose of Expenditure

food, lodging, travel

Category/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29585

Calendar Year-To-Date Per Election

943.62

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

246.32

(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.

Latifa Lyles

Signature

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)
National Organization for Women PAC

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

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

Amount

100.00

City

Springfield

State

VA

Zip Code

22151

Purpose of Expenditure
Field organizerCategory/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29598

Calendar Year-To-Date Per Election

301.49

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

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

Amount

188.99

City

Springfield

State

VA

Zip Code

22151

Purpose of Expenditure
food, lodging, travelCategory/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29600

Calendar Year-To-Date Per Election

490.48

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

288.99

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Latifa Lyles

Signature

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

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

Amount

100.00

City

Springfield

State

VA

Zip Code

22151

Purpose of Expenditure
field organizerCategory/
Type

001

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29594

Calendar Year-To-Date Per Election

1121.95

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Pat Reuss

Date

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

Amount

188.99

City

Springfield

State

VA

Zip Code

22151

Purpose of Expenditure
food, lodging, travelCategory/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29602

Calendar Year-To-Date Per Election

1310.94

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

288.99

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Latifa Lyles

Signature

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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

FEC IDENTIFICATION NUMBER

C C00092247

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Marjorie signer

Date

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

Amount

78.33

City

Arlington

State

VA

Zip Code

22207-1721

Purpose of Expenditure
food, lodging, travelCategory/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29610

Calendar Year-To-Date Per Election
for Office Sought

647.14

Full Name (Last, First, Middle, Initial) of Payee

Marjorie signer

Date

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

Amount

78.33

City

Arlington

State

VA

Zip Code

22207-1721

Purpose of Expenditure
food, lodging, travelCategory/
Type

002

Office Sought:

☐ House

State: _____

☐ Senate

District: 00

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29612

Calendar Year-To-Date Per Election
for Office Sought

1389.27

(a) SUBTOTAL of Itemized Independent Expenditures

156.66

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Latifa Lyles

Signature

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

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☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
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NAME OF COMMITTEE (In Full) National Organization for Women PAC		FEC IDENTIFICATION NUMBER C C00092247	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ms. Olga Vives		Date M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8	
Mailing Address 4220 Campbell Avenue, #620		Amount 78.33	
City Arlington	State VA	Zip Code 22206-3426	
Purpose of Expenditure food, lodging, travel	Category/ Type	002	
Name of Federal Candidate supported or Opposed by expenditure: HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.29588	
Full Name (Last, First, Middle, Initial) of Payee Ms. Olga Vives		Date M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8	
Mailing Address 4220 Campbell Avenue, #620		Amount 78.33	
City Arlington	State VA	Zip Code 22206-3426	
Purpose of Expenditure food, lodging, travel	Category/ Type	002	
Name of Federal Candidate supported or Opposed by expenditure: HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.29590	

(a) SUBTOTAL of Itemized Independent Expenditures	156.66
(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.	
Latifa Lyles Signature	M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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NAME OF COMMITTEE (In Full) National Organization for Women PAC	FEC IDENTIFICATION NUMBER C C00092247
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Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Dr. Marion Wagner

Date

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

Amount

86.66

City	State	Zip Code
Indianapolis	IN	46228-2911

Purpose of Expenditure
food, lodging, trans-
portationCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29576

Calendar Year-To-Date Per Election 0.00
for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Dr. Marion Wagner

Date

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

Amount

86.66

City	State	Zip Code
Indianapolis	IN	46228-2911

Purpose of Expenditure
food, lodging, travelCategory/
Type 002Office Sought: ☐ House State: _____
☐ Senate District: 00
☒ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
HILLARY RODHAM CLINTONDisbursement For: ☒ Primary ☐ General 2008☐ Other (specify) : _____

Transaction ID: SE.29580

Calendar Year-To-Date Per Election 820.46
for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

173.32

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

1310.94

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.

Latifa Lyles

Signature

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8