

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 National Organization for Women PAC

ADDRESS (number and street) 1100 H Street, NW 3rd Fl Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00092247 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 07 31 2006

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 Latifa Lyles

Signature of Treasurer Electronically Filed by Latifa Lyles Date 08 15 2006

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)

Page 2

Write or Type Committee Name  
National Organization for Women PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		128647.34
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	116739.16									
(c) Total Receipts (from Line 19) .....	9463.25	50908.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	126202.41	179556.21								
7. Total Disbursements (from Line 31) .....	15538.39	68892.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110664.02	110664.02								
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: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	1895.00	9010.00
(i) Itemized (use Schedule A) .....	7568.25	41898.87
(ii) Unitemized .....	9463.25	50908.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9463.25	50908.87
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)) .....	9463.25	50908.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9463.25	50908.87

**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.....	15538.39	46844.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15538.39	46844.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	22047.72
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))..	15538.39	68892.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15538.39	68892.19

**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) .....	9463.25	50908.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9463.25	50908.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15538.39	46844.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15538.39	46844.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Marjie Barrett

Mailing Address 1210 W. Lilly Lane

City State Zip Code  
Arlington, TX 760 TX

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

Name of Employer Occupation  
University of Texas at Arlington professor and social worker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.24321

Amount of Each Receipt this Period  
50.00

Dr. Marjie C. Barrett

**B.** Full Name (Last, First, Middle Initial)  
Ms. Priscilla Bellairs

Mailing Address 63 Purchase Street

City State Zip Code  
Newburyport, MA 0 MA 01950

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

Name of Employer Occupation  
N. ESSEX COMM COLLEGE, HA-VERHILL, MA TEACHER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.24357

Amount of Each Receipt this Period  
35.00

Ms. Priscilla B. Bellairs

**C.** Full Name (Last, First, Middle Initial)  
Ms Janet Bonnema

Mailing Address 1007 NW 5th Street

City State Zip Code  
Okeechobee FL 34973

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

Name of Employer Occupation  
Retired Civil Engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.24363

Amount of Each Receipt this Period  
50.00

Ms. Janet Petra Bonnema

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<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

Full Name (Last, First, Middle Initial) <b>A. Ms Janet Brody</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address 506 Conshohocken State Rd		<b>Transaction ID: SA11A1.24317</b>	
City Narbeth	State PA	Zip Code 19072-3513	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00	
Name of Employer NURSING HOME, PHILADELPHI-A, PA	Occupation NHA	Ms. Janet Brody	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Donna Brooks</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006	
Mailing Address P.O. Box 11296		<b>Transaction ID: SA11A1.24325</b>	
City Jacksonville	State FL	Zip Code 32239-1296	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00	
Name of Employer	Occupation	Ms. Donna Brooks	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs Karen Crotty</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 709 Mountain Rd		<b>Transaction ID: SA11A1.24111</b>	
City Lake Bluff	State IL	Zip Code 60044-2104	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation RETIRED	Mrs. Karen Crotty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<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.** Full Name (Last, First, Middle Initial)  
Ms. Melanie Dietzel

Mailing Address 1991 Greenview Dr  
Arkansas NOW State President Arkan

City Fayetteville, AR State AR Zip Code 72701

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

Name of Employer SELF Occupation WRITER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2006

Transaction ID: SA11A1.24306

Amount of Each Receipt this Period  
100.00

Ms. Melanie S. Dietzel

**B.** Full Name (Last, First, Middle Initial)  
MD Juliana Franz

Mailing Address P O Box 549

City Garrett Park, MD State MD Zip Code

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

Name of Employer Occupation RETIRED PSYCHIATRIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

Transaction ID: SA11A1.24120

Amount of Each Receipt this Period  
205.00

Juliana D. Franz MD

**C.** Full Name (Last, First, Middle Initial)  
Ms. Edith Herron

Mailing Address 36 Park Avenue

City Rehoboth Beach, DE State DE Zip Code 16803

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

Name of Employer SELF EMPLOYED Occupation COMPUTER CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: SA11A1.24287

Amount of Each Receipt this Period  
35.00

Ms. Edith C. Herron

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	340.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<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) <b>A. Mr. John Kluge</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2006		
Mailing Address 1833 Crestview Dr		<b>Transaction ID: SA11A1.24258</b>		
City State Zip Code New Ulm, MN 56073 MN 56073	Amount of Each Receipt this Period 35.00		Mr. John W. Kluge	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer ACUTE CARE INC	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00			

Full Name (Last, First, Middle Initial) <b>B. Ms. Arlene Staley</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2006		
Mailing Address 229 E Lake Shore Dr		<b>Transaction ID: SA11A1.24083</b>		
City State Zip Code Chicago, IL 60611 IL	Amount of Each Receipt this Period 500.00		Ms. Arlene Staley	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Ms Mona Taylor</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2006		
Mailing Address 138 N. Garfield Road		<b>Transaction ID: SA11A1.24364</b>		
City State Zip Code Hinsdale IL 60521-3720	Amount of Each Receipt this Period 35.00		Ms. Mona M. Taylor	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	570.00
<b>TOTAL</b> This Period (last page this line number only) .....	1895.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 12

<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) <b>A. BB&amp;T</b>		<b>Transaction ID:</b> SB21B.24422 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1909 K Street, NW		Amount of Each Disbursement this Period 200.00
City Washington State DC Zip Code 20006	Purpose of Disbursement bank charges Candidate Name Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		<b>Transaction ID:</b> SB21B.17948 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 1909 K Street, NW		Amount of Each Disbursement this Period 17.26
City Washington State DC Zip Code 20006	Purpose of Disbursement service charge Candidate Name Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		<b>Transaction ID:</b> SB21B.24420 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 1909 K Street, NW		Amount of Each Disbursement this Period 67.79
City Washington State DC Zip Code 20006	Purpose of Disbursement service charge Candidate Name Category/Type	
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) ..... ▶	285.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 11 / 12

<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) <b>A. Caterton Printing</b>		<b>Transaction ID:</b> SB21B.24423 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 387		Amount of Each Disbursement this Period 4535.29
City Waldorf State MD Zip Code 20504	Purpose of Disbursement printing 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Global STL NDPS</b>		<b>Transaction ID:</b> SB21B.24418 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 51.54
City State Zip Code	Purpose of Disbursement credit card processing fees 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Mother Jones Magazine</b>		<b>Transaction ID:</b> SB21B.24430 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 222 Sutter Street		Amount of Each Disbursement this Period 2712.50
City San Francisco State CA Zip Code 94108	Purpose of Disbursement advertisement 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7299.33
<b>TOTAL</b> 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)  
National Organization for Women PAC

Full Name (Last, First, Middle Initial) <b>A. Payment Solutions</b>		<b>Transaction ID:</b> SB21B.24424 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P O Box 30217		Amount of Each Disbursement this Period 188.80
City Bethesda State MD Zip Code 20924	Purpose of Disbursement credit card processing 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Stockton</b>		<b>Transaction ID:</b> SB21B.24427 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 7940 Cesna Avenue		Amount of Each Disbursement this Period 5151.79
City Gaithersburg State MD Zip Code 20879	Purpose of Disbursement mail shop 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Tri-State Envelope Corporation</b>		<b>Transaction ID:</b> SB21B.24421 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 433		Amount of Each Disbursement this Period 2577.67
City Beltsville State MD Zip Code 20704	Purpose of Disbursement printing 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7918.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	15502.64