

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
 Check if different than previously reported. (ACC)
Washington DC 20005

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 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 08 01 2006 through 08 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 09 18 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

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; vertical-align: middle;"><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	110664.02									
(c) Total Receipts (from Line 19)	12641.75	63550.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123305.77	192197.96								
7. Total Disbursements (from Line 31)	3714.61	72606.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119591.16	119591.16								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

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	4205.00	13215.00
(i) Itemized (use Schedule A)	8436.75	50335.62
(ii) Unitemized	12641.75	63550.62
(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)	12641.75	63550.62
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))	12641.75	63550.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12641.75	63550.62

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	209.39	47053.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	209.39	47053.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3505.22	25552.94
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))..	3714.61	72606.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3714.61	72606.80

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)	12641.75	63550.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12641.75	63550.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	209.39	47053.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	209.39	47053.86

**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 / 14
	<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	

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 University of Texas at Arlington
Occupation professor and social worker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.24729

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 N. ESSEX COMM COLLEGE, HAVERHILL, MA
Occupation TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.24726

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.24709

Amount of Each Receipt this Period
50.00

Ms. Janet Petra Bonnema

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL 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 / 14
	<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. Full Name (Last, First, Middle Initial)
Ms Janet Brody

Mailing Address 506 Conshohocken State Rd

City Narbeth State PA Zip Code 19072-3513

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

Name of Employer NURSING HOME, PHILADELPHI-A, PA Occupation NHA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.24718

Amount of Each Receipt this Period
 50.00

Ms. Janet Brody

B. Full Name (Last, First, Middle Initial)
Ms. Rebecca Cleary

Mailing Address 1661 Shoreline Drive

City Santa Barbara, CA State CA Zip Code

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

Name of Employer LETTER SENT Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.24682

Amount of Each Receipt this Period
 50.00

Ms. Rebecca Cleary

C. Full Name (Last, First, Middle Initial)
Ms. Melanie Dietzel

Mailing Address 1991 Greenvew 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 ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.24720

Amount of Each Receipt this Period
 100.00

Ms. Melanie S. Dietzel

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL 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 / 14
	<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) A. Ms Laura May Hainisch		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 8520 Gardenia Drive		Transaction ID: SA11A1.24705	
City State Zip Code Seminole FL 33777		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Ms. Laura May Hainisch	
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	

Full Name (Last, First, Middle Initial) B. Ms. Edith Herron		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 36 Park Avenue		Transaction ID: SA11A1.24635	
City State Zip Code Rehoboth Beach, DE DE 16803		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Ms. Edith C. Herron	
Name of Employer Occupation SELF EMPLOYED COMPUTER CONSULTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Mr. John Kluge		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 1833 Crestview Dr		Transaction ID: SA11A1.24652	
City State Zip Code New Ulm, MN 56073 MN 56073		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Mr. John W. Kluge	
Name of Employer Occupation ACUTE CARE INC PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL 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 / 14
	<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) A. Ms Ester Labay		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 438 Railroad Street Apt 3		Transaction ID: SA11A1.24732
City State Zip Code Saint Johnsbury VT 05819-1694	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	Ms. Ester LaBay	
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		

Full Name (Last, First, Middle Initial) B. Ms. Vivien Leone		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 2 Patchin Place #1		Transaction ID: SA11A1.24556
City State Zip Code New York NY 10011-0000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Ms. Vivien Leone	
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) C. Mr. Austin Lin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 3835 20th Street		Transaction ID: SA11A1.24643
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Mr. Austin S. Lin	
Name of Employer Occupation YAHOO! INC feminist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	555.00
TOTAL 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 10 / 14
	<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. Full Name (Last, First, Middle Initial)
Ms. Emily McCoy

Mailing Address P.O. Box 8390

City State Zip Code
Alexandria, VA 22 VA

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

Name of Employer Occupation
MITRE CORP SYSTEM ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11A1.24517

Amount of Each Receipt this Period
500.00

Ms. Emily Brown McCoy

B. Full Name (Last, First, Middle Initial)
Ms. Linda McCulloch

Mailing Address 73 Pancoast Road

City State Zip Code
Waretown, NJ 0875 NJ

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: SA11A1.24748

Amount of Each Receipt this Period
200.00

Ms. Linda McCulloch

C. Full Name (Last, First, Middle Initial)
Ms Shirley Plapp

Mailing Address 5120 E. Woodgate Lane

City State Zip Code
Tucson AZ 85712-1343

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

Name of Employer Occupation
RN, Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.24704

Amount of Each Receipt this Period
30.00

Ms. Shirley Plapp

SUBTOTAL of Receipts This Page (optional)	▶	730.00
TOTAL 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 11 / 14
	<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. Full Name (Last, First, Middle Initial)
Ms. Judith Russell

Mailing Address 2426 Westside Drive

City State Zip Code
N. Chili NY 14514

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

Name of Employer self Occupation farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: SA11A1.24457

Amount of Each Receipt this Period
450.00

Ms. Judith Russell

B. Full Name (Last, First, Middle Initial)
Ms. Patricia Simpson

Mailing Address 130 Lincoln Place

City State Zip Code
Brooklyn NY 11217-3606

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

Name of Employer SELF EMPLOYED Occupation PROPERTY OWNER MGMT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2006

Transaction ID: SA11A1.24760

Amount of Each Receipt this Period
2000.00

Ms. Patricia J. S. Simpson

C. Full Name (Last, First, Middle Initial)
Ms Mona Taylor

Mailing Address 138 N. Garfield Road

City State Zip Code
Hinsdale IL 60521-3720

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11A1.24728

Amount of Each Receipt this Period
35.00

Ms. Mona M. Taylor

SUBTOTAL of Receipts This Page (optional)	▶	2485.00
TOTAL This Period (last page this line number only)	▶	4205.00

**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 12 / 14

<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. BB&T

Transaction ID: SB21B.24791

Date of Disbursement

Mailing Address 1909 K Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	6

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

180.22

Purpose of Disbursement
service card

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)	180.22
TOTAL This Period (last page this line number only)	180.22

**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 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. FRANCINE BUSBY FOR CONGRESS		Transaction ID: SB23.24797 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 783 CALLE DE SOTO		Amount of Each Disbursement this Period 1570.29
City SAN MARCOS State CA Zip Code 92078	Category/ Type	
Purpose of Disbursement in kind organizer travel expenses		
Candidate Name FRANCINE BUSBY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HOLLINGER, PAULA C HON		Transaction ID: SB23.24792 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 55 RAISIN TREE CIRCLE		Amount of Each Disbursement this Period 54.68
City BALTIMORE State MD Zip Code 21208	Category/ Type	
Purpose of Disbursement in-kind labels		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MADRID FOR CONGRESS		Transaction ID: SB23.24796 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address PO Box 25626		Amount of Each Disbursement this Period 747.24
City Albuquerque State NM Zip Code 87125	Category/ Type	
Purpose of Disbursement in kind organizer travel expenses		
Candidate Name MADRID FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2372.21
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. MALONEY FOR CONGRESS		Transaction ID: SB23.24798 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 49 EAST 92ND STREET		Amount of Each Disbursement this Period 207.08
City NEW YORK State NY Zip Code 10128	Category/ Type	
Purpose of Disbursement in-kind labels		
Candidate Name MALONEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MONTANANS FOR LINDEEN		Transaction ID: SB23.24794 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address PO BOX 30672		Amount of Each Disbursement this Period 695.63
City BILLINGS State MT Zip Code 59107	Category/ Type	
Purpose of Disbursement in-kind organizer travel expenses		
Candidate Name MONTANANS FOR LINDEEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NED LAMONT FOR SENATE		Transaction ID: SB23.24799 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 300 RESEARCH PARKWAY		Amount of Each Disbursement this Period 230.30
City MERIDEN State CT Zip Code 06450	Category/ Type	
Purpose of Disbursement in-kind plane ticket		
Candidate Name NED LAMONT FOR SENATE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1133.01
TOTAL This Period (last page this line number only)	3505.22