

# 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 2007 through 06 30 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 12 17 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Organic Consumers Fund PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2.00</td></tr></table>	2.00
Y	Y	Y	Y									
2	0	0	7									
2.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">2.00</td></tr></table>	2.00										
2.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">49258.11</td></tr></table>	49258.11	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">49258.11</td></tr></table>	49258.11								
49258.11												
49258.11												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">49260.11</td></tr></table>	49260.11	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">49260.11</td></tr></table>	49260.11								
49260.11												
49260.11												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">49250.11</td></tr></table>	49250.11	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">49250.11</td></tr></table>	49250.11								
49250.11												
49250.11												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">10.00</td></tr></table>	10.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">10.00</td></tr></table>	10.00								
10.00												
10.00												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">11394.53</td></tr></table>	11394.53										
11394.53												

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  
Organic Consumers Fund PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	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	7110.00	7110.00
(i) Itemized (use Schedule A) .....	42148.11	42148.11
(ii) Unitemized .....	49258.11	49258.11
(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) .....	49258.11	49258.11
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)) .....	49258.11	49258.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49258.11	49258.11

**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.....	49250.11	49250.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	49250.11	49250.11
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))..	49250.11	49250.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	49250.11	49250.11

**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) .....	49258.11	49258.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49258.11	49258.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49250.11	49250.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49250.11	49250.11

**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"/> 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)  
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 Occupation  
Freelance Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 19 / 2007

Transaction ID: SA11A1.5964

Amount of Each Receipt this Period  
50.00

**B.** 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 Occupation  
Freelance Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 23 / 2007

Transaction ID: SA11A1.6579

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Margaret Biedel

Mailing Address 140 Nassau Street

City State Zip Code  
New York NY 10038

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

Name of Employer SELF Occupation  
CREATIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 07 / 2007

Transaction ID: SA11A1.5256

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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

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)  
Richard Cotton

Mailing Address 1185 Park Ave Apt 8a

City State Zip Code  
New York NY 10128-1310

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

Name of Employer Occupation  
NBC LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 14 / 2007

Transaction ID: SA11A1.5329

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Lynne Dollar

Mailing Address 2788 E. Whisper Dr.

City State Zip Code  
Douglasville GA 30135

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

Name of Employer Occupation  
Self Flooring Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2007

Transaction ID: SA11A1.4973

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Peggy Klinge

Mailing Address 6220 Rd 28

City State Zip Code  
Edson KS 67733

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

Name of Employer Occupation  
Goodland Community Learning LEARNING CENTER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2007

Transaction ID: SA11A1.5089

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<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 / 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

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)  
Peggy Klinge

Mailing Address 6220 Rd 28

City Edson State KS Zip Code 67733

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

Name of Employer Goodland Community Learning  
Occupation LEARNING CENTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2007

Transaction ID: SA11A1.5515

Amount of Each Receipt this Period  
100.00

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

Mailing Address 215 Riverhill Dr

City Athens State GA Zip Code 30606

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

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.6729

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Marthe Schulwolf

Mailing Address 109 Devries Ct

City Piermont State NY Zip Code 10968

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

Name of Employer NA  
Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2007

Transaction ID: SA11A1.6367

Amount of Each Receipt this Period  
360.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	710.00
<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 / 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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dianne Shumaker		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 7	
Mailing Address 1501 So Lakestone Dr		Transaction ID: SA11A1.4327	
City Olathe	State KS	Zip Code 66061	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dianne Shumaker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 1501 So Lakestone Dr		Transaction ID: SA11A1.6408	
City Olathe	State KS	Zip Code 66061	Amount of Each Receipt this Period 2400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Aggregate Year-to-Date ▼ 3400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Douglas Thorpe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7	
Mailing Address 1508 Old Oak Road		Transaction ID: SA11A1.6487	
City Los Angeles	State CA	Zip Code 90049	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Attorney Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3650.00
<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:	PAGE 10 / 14
	(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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Cynthia Wainwright Mailing Address 1050 Park Ave City State Zip Code New York City NY 10028 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2007 <b>Transaction ID:</b> SA11A1.6330 Amount of Each Receipt this Period 500.00
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Steven Weirs Mailing Address 148 Willow St Apt 3 City State Zip Code Brooklyn NY 11201-2258 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2007 <b>Transaction ID:</b> SA11A1.7130 Amount of Each Receipt this Period 250.00
Name of Employer Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Medical Director Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Steven Weirs Mailing Address 148 Willow St Apt 3 City State Zip Code Brooklyn NY 11201-2258 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2007 <b>Transaction ID:</b> SA11A1.5499 Amount of Each Receipt this Period 250.00
Name of Employer Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Medical Director Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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:		PAGE 11 / 14	
	(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

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)  
Rose Williams

Mailing Address 156 Sparkling Ridge Rd

City State Zip Code  
New Paltz NY 12561-0931

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.5760

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7110.00

# 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

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)  
Ms Alexis Lynn Baden-Mayer, Esq.

Mailing Address 1858 Mintwood Place, NW #4

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Exempt Legal and Accounting (PAC Filing)

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7259

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

**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  
Telephone Fundraising

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7235

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

49173.11

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

49173.11

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

49173.11

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 13 / 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Organic Consumers Fund PAC

<b>A.</b> 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 State ZIP Code Lincoln NE 68508	

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	11394.53
2) <b>TOTALS</b> This Period (last page this line number only).....	11394.53
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2)</b> and 3) and carry forward to appropriate line of Summary Page (last page only)	

**Image# 27991026762**

Form/Schedule: **SB21B** Exempt Legal and Accounting (PAC Filing)

Transaction ID: **SB21B.7259**

Form/Schedule: **SB21B** Telephone fundraising is for the PAC in general, not particular candidates.

Transaction ID: **SB21B.7235**

\*\*\*\*\*