

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Organization for Women PAC

ADDRESS (number and street)

1100 H Street, NW

Ste 300

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☐ POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Berg, Linda, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Berg, Linda, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2016</td></tr></table>	Y	Y	Y	Y	2016					<table><tr><td colspan="4">21572.36</td></tr></table>	21572.36			
Y	Y	Y	Y											
2016														
21572.36														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="4">69446.86</td></tr></table>	69446.86												
69446.86														
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="4">6815.25</td></tr></table>	6815.25				<table><tr><td colspan="4">74354.75</td></tr></table>	74354.75							
6815.25														
74354.75														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="4">76262.11</td></tr></table>	76262.11				<table><tr><td colspan="4">95927.11</td></tr></table>	95927.11							
76262.11														
95927.11														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="4">8277.88</td></tr></table>	8277.88				<table><tr><td colspan="4">27942.88</td></tr></table>	27942.88							
8277.88														
27942.88														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="4">67984.23</td></tr></table>	67984.23				<table><tr><td colspan="4">67984.23</td></tr></table>	67984.23							
67984.23														
67984.23														
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="4">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><tr><td colspan="4">0.00</td></tr></table>	0.00												
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

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Page 3

Write or Type Committee Name

National Organization for Women PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	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 (i) Itemized (use Schedule A).....	640.00	22187.70
(ii) Unitemized .....	6175.25	51667.05
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	6815.25	73854.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6815.25	74354.75
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 Transfers (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)) .....	6815.25	74354.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6815.25	74354.75

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	1402.88	18947.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1402.88	18947.38
22. Transfers to Affiliated/Other Party Committees.....	6875.00	6875.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2120.50
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	8277.88	27942.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8277.88	27942.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6815.25	74354.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6815.25	74354.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1402.88	18947.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1402.88	18947.38

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

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

FOR LINE NUMBER: PAGE 6 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barker, M Coleen, , ,

Mailing Address 33542 Valle Road

City  
San JuanState  
CAZip Code  
92675-4800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Elite One Mortgage

Occupation (for Individual)

Loan Officer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.11278

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bonk, Kathy, , ,

Mailing Address 98 Winneganeke Way

City  
BrooksvilleState  
MEZip Code  
04617-3754FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ccmcOccupation (for Individual)  
communications manager

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.11382

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brister, Emily Louise, , ,

Mailing Address 1934 Covington Ct

City  
ChicoState  
CAZip Code  
95926-9615FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retiredOccupation (for Individual)  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11AI.11224

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

100.00

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

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11278  
5662994

Form/Schedule: SA11AI  
Transaction ID: SA11AI.11382  
12000725

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11224  
11806361

Form/Schedule:  
Transaction ID:



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Organization for Women PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Canterbury, Janet, , ,**

Mailing Address 10700 SW 90 Ave

City  
Miami

State  
FL

Zip Code  
33176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
university of miami

Occupation (for Individual)  
dean. medical school

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 20 / 2016

Transaction ID : SA11AI.11150

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Coe, Xandra, , ,**

Mailing Address 3827 Sheridan Avenue, S.

City

Minneapolis

State

MN

Zip Code

55410-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
artist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 20 / 2016

Transaction ID : SA11AI.11291

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Errington, Sue, , ,**

Mailing Address 3200 Brook Drive

City

Muncie

State

IN

Zip Code

47304-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
planned parenthood of greater indiana

Occupation (for Individual)  
director of public policy

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 20 / 2016

Transaction ID : SA11AI.11275

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

105.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11150  
391649

Form/Schedule: SA11AI  
Transaction ID: SA11AI.11291  
12582423

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11275  
410605

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**National Organization for Women PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herron, Edith, , ,**

Mailing Address 36 Park Avenue

City

Rehoboth Beach

State

DE

Zip Code

19971-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self employed

Occupation (for Individual)  
computer consultant

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 20 / 2016

Transaction ID : SA11AI.11287

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holling, Betty, , ,**

Mailing Address 15 Sylvan Avenue

City

Chelmsford

State

MA

Zip Code

01824-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
homemaker

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 20 / 2016

Transaction ID : SA11AI.11204

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meislin, Barbara, , ,**

Mailing Address P.O. Box 1277

City

Belvedere Tiburon

State

CA

Zip Code

94920-4277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
author / retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2016

Transaction ID : SA11AI.11383

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

335.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11287  
7129521

Form/Schedule: SA11AI  
Transaction ID: SA11AI.11204  
1617604

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11383  
2623700

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 22  
(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			

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NAME OF COMMITTEE (In Full)

**National Organization for Women PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'Neill, Terry, , ,**

Mailing Address 8322 N. Brook Lane

City  
Bethesda

State  
MD

Zip Code  
20814-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
national organization for women

Occupation (for Individual)  
president of now

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2016

Transaction ID : SA11Al.11364

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosen, Doris, , ,**

Mailing Address 8851 Greenleaf Court

City

Port Richey

State  
FL

Zip Code  
34668-5913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2016

Transaction ID : SA11Al.11371

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sterner, Joanne, , ,**

Mailing Address 2215 Cypress Island Drive #602

City

Pompano Beach

State  
FL

Zip Code  
33069-4490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
now member

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2016

Transaction ID : SA11Al.11245

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

75.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11364  
10595312

Form/Schedule: SA11AI  
Transaction ID: SA11AI.11371  
3316692



: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11245  
391896

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Organization for Women PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tosti-Lane, Linda, , ,**

Mailing Address 3794 232nd Place SW

City  
Brier

State  
WA

Zip Code  
98036-8268

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
dshs

Occupation (for Individual)  
social work supervisor

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2016

Transaction ID : SA11Al.11288

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

25.00

640.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID : SA11AI.11288  
557546

Form/Schedule:  
Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Authnet Gateway Authorize.Net**

Mailing Address PO Box 8999

City  
San FranciscoState  
CAZip Code  
94128Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.11123**

Amount of Each Disbursement this Period

28.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chase Paymentech Solutions**

Mailing Address 4 Northeastern Blvd.

City  
SalemState  
NHZip Code  
03079Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.11394**

Amount of Each Disbursement this Period

44.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Custom Printing**

Mailing Address 1861 W. Commercial Street

City  
AppletonState  
WIZip Code  
54914Purpose of Disbursement  
printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

**C****Transaction ID : SB21B.11128**

Amount of Each Disbursement this Period

600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

672.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Global STL Global Payments**Mailing Address 10 Glenlake Parkway, NE  
North TowerCity  
AtlantaState  
GAZip Code  
30328Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.11124**

Amount of Each Disbursement this Period

605.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Payment Solutions**

Mailing Address PO Box 30217

City  
BethesdaState  
MDZip Code  
20824Purpose of Disbursement  
credit card processing fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.11130**

Amount of Each Disbursement this Period

80.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

686.07

1358.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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. FL NOW**

Mailing Address 181 Sand Dollar Rd

City  
IndialanticState  
FLZip Code  
32903Purpose of Disbursement  
Get out the women's vote

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

**Transaction ID : SB22.11133**

Amount of Each Disbursement this Period

4200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Pennsylvania NOW**

Mailing Address 534 Bell Lane

City  
Maple GlenState  
PAZip Code  
19034Purpose of Disbursement  
Get out the women's vote

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

**Transaction ID : SB22.11131**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin NOW**

Mailing Address PO Box 45671

City  
MadisonState  
WIZip Code  
53744Purpose of Disbursement  
Get our the women's vote

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2016

FEC Identification Number

C

**Transaction ID : SB22.11137**

Amount of Each Disbursement this Period

675.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6875.00

6875.00