

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation FEMINIST MAJORITY		3. FEC Identification Number C C00000000
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVD. SUITE 801		
(c) City, State and ZIP Code ARLINGTON VA 22209		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer		Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report
 October Quarterly Report
 January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM ^M 10 / ^D 23 / ^Y 2008
 THROUGH
^M 10 / ^D 31 / ^Y 2008

6. TOTAL CONTRIBUTIONS 2736.99
 7. TOTAL INDEPENDENT EXPENDITURES..... 13457.29

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
DIANE E CUTRI	_____	10/31/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
FEMINIST MAJORITY

A. Full Name (Last, First, Middle Initial) <u>DIANNE POST</u> Mailing Address 1826 E. WILLETTA City State Zip Code PHOENIX AZ 85006			Date of Receipt M M / D D / Y Y Y Y 10 23 / 2008 Transaction ID: F56.000001 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN BAR ASSN		Occupation LAWYER	
B. Full Name (Last, First, Middle Initial) <u>VIVIAN RITCHIE</u> Mailing Address 375 EAST 2ND STREET #231 City State Zip Code LOS ANGELES CA 90012			Date of Receipt M M / D D / Y Y Y Y 10 24 / 2008 Transaction ID: F56.000002 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
C. Full Name (Last, First, Middle Initial) <u>DONORS VARIOUS</u> Mailing Address 62 INDIVIDUAL DONOR CONTRIBUTIONS ALL UNDER \$200.00 EACH City State Zip Code			Date of Receipt M M / D D / Y Y Y Y 10 31 / 2008 Transaction ID: F56.000003 Amount of Each Receipt this Period 1486.99
FEC ID number of contributing federal political committee. C			
Name of Employer N/A		Occupation N/A	

SUBTOTAL of Receipts This Page (optional)	2736.99
TOTAL This Period (last page carry total to Line 6)	2736.99

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee FEMINIST MAJORITY FOUNDATION	Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address 1600 WILSON BLVD. SUITE 801	Amount 7205.86
City State Zip Code ARLINGTON VA 22209	

Purpose of Expenditure SALARIES AND BENEFITS	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Presidential <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 21352.70		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee FEMINIST MAJORITY	Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address 1600 WILSON BLVD. SUITE 801	Amount 417.51
City State Zip Code ARLINGTON VA 22209	

Purpose of Expenditure SALARIES AND BENEFITS	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Presidential <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 417.51		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee LIBERTY MEDIA FOR WOMEN, LLC	Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address 1600 WILSON BLVD. SUITE 801	Amount 728.14
City State Zip Code ARLINGTON VA 22209	

Purpose of Expenditure SALARIES AND BENEFITS	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Presidential <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 728.14		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	8351.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee CATHEE WEISS			Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address WEISSWORKS/REEL LIFE STORIES 11935 HARTSOOK STREET			Amount 3118.63
City VALLEY VILLAGE	State CA	Zip Code 91607	
Purpose of Expenditure CREATIVE SERVICES AND VIDEO PRODUCTION	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/>	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
3118.63		2008	

Full Name (Last, First, Middle Initial) of Payee CORBIERE STEVE			Date M M / D D / Y Y Y Y 10 / 24 / 2008
Mailing Address P.O. BOX 1644			Amount 500.00
City STUDIO CITY	State CA	Zip Code 91614	
Purpose of Expenditure VIDEO PRODUCTION EQUIPMENT RENTAL	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/>	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
500.00		2008	

Full Name (Last, First, Middle Initial) of Payee LIBERTY MEDIA FOR WOMEN			Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address 1600 WILSON BLVD. SUITE 801			Amount 14.58
City ARLINGTON	State VA	Zip Code 22209	
Purpose of Expenditure DELIVERY	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/>	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
742.72		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	3633.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee RACKSPACE MANAGED HOSTING	Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address P.O. BOX 730759	Amount 211.35
City State Zip Code DALLAS TX 75373	

Purpose of Expenditure SERVICE PROVIDER-SERVER HOSTING SERVICES	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 317.03		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee REED & DAVIDSON, LLP	Date M M / D D / Y Y Y Y 10 / 31 / 2008
Mailing Address 520 SOUTH GRAND AVENUE SUITE 700	Amount 1261.22
City State Zip Code LOS ANGELES CA 90071	

Purpose of Expenditure LEGAL FEES	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK M OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1360.22		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	1472.57
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	13457.29
(carry total from last page forward to Line 7)	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 367</i>	Date of Receipt or Postmarked <i>10/31/08</i>

<i>SR</i>	<i>11/3/08</i>
PREPARER	DATE PREPARED

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