

# 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.

National Organization for Women PAC

ADDRESS (number and street) 1100 H Street, NW 3rd Fl Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00092247

3. IS THIS REPORT NEW (N) OR AMENDED (A)  (N) OR  (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)  General (12G)  Runoff (12R)
 Convention (12C)  Special (12S)

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  /  /  11 / 23 / 2010 through  /  /  12 / 31 / 2010

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 Allendra Letsome

Signature of Treasurer

Allendra Letsome

[Electronically Filed]

Date

/  /  09 / 08 / 2012

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

Table with 10 empty columns for Office Use Only.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Organization for Women PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>	<input type="text" value="12288.61"/>	<input type="text" value="12288.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37357.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1640.25"/>	<input type="text" value="52039.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="38997.87"/>	<input type="text" value="64327.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1141.64"/>	<input type="text" value="26471.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37856.23"/>	<input type="text" value="37856.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Organization for Women PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1205.00	10293.00
(ii) Unitemized .....	435.25	40691.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1640.25	50984.14
(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) .....	1640.25	50984.14
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	1055.00
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))..... ▶	1640.25	52039.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1640.25	52039.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	576.64	14120.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	576.64	14120.52
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 Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	565.00	12351.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1141.64	26471.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1141.64	26471.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1640.25	50984.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1640.25	50984.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	576.64	14120.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	576.64	14120.52

**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 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Paul Armer**

Mailing Address 1700 De Anza Blvd. #114

City State Zip Code  
San Mateo CA 94403-3967

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 ▼  
240.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 20 / 2010  
**Transaction ID : SA11AI.37123**

Amount of Each Receipt this Period  
20.00

Mr. Paul Armer

Full Name (Last, First, Middle Initial)  
**B. Ms. M Coleen Barker**

Mailing Address 33542 Valle Road

City State Zip Code  
San Juan Capistrano CA 92675-4800

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

Name of Employer Occupation  
American Financial Group Mortgage Loan Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 20 / 2010  
**Transaction ID : SA11AI.37127**

Amount of Each Receipt this Period  
25.00

Ms. M Coleen Barker

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

Mailing Address 63 Purchase Street

City State Zip Code  
Newburyport MA 01950-3141

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

Name of Employer Occupation  
N. ESSEX COMM COLLEGE, HAVERHILL, MA TEACHER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 20 / 2010  
**Transaction ID : SA11AI.37125**

Amount of Each Receipt this Period  
40.00

Ms. Priscilla B. Bellairs

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

**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)	PAGE 7 OF 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. Mr Morgan Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Academy St.  
 City South Orange State NJ Zip Code 07079-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2010  
**Transaction ID : SA11AI.37129**  
 Amount of Each Receipt this Period  
 20.00  
 Mr. Morgan Clark

**B. Ms. Xandra Coe**  
 Full Name (Last, First, Middle Initial)  
 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 Information Requested Occupation Information Requested  
 Self-Employed Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2010  
**Transaction ID : SA11AI.37097**  
 Amount of Each Receipt this Period  
 25.00  
 Ms. Xandra Coe

**C. Diane G DiCarlo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Retired Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2010  
**Transaction ID : SA11AI.37111**  
 Amount of Each Receipt this Period  
 35.00  
 Ms. Diane DiCarlo

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 8 OF 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. Ms Sue Errington**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3200 Brook Drive

City Muncie	State IN	Zip Code 47304-2915
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FEC ID number of contributing federal political committee. **C**

Name of Employer planned parenthood of greater indiana	Occupation director of public policy
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2010

**Transaction ID : SA11AI.37113**

Amount of Each Receipt this Period  

300.00
--------

Senator Sue Errington

**B. Ms. Catherine Gerhold**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1804 Wightman St

City Pittsburgh	State PA	Zip Code 15217
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information	Occupation Requested
------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2010

**Transaction ID : SA11AI.37092**

Amount of Each Receipt this Period  

300.00
--------

Ms. Catherine Gerhold

**C. Ms. Edith Herron**  
Full Name (Last, First, Middle Initial)  
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 Self Employed	Occupation Computer Consultant
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2010

**Transaction ID : SA11AI.37098**

Amount of Each Receipt this Period  

40.00
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Ms. Edith C. Herron

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 9 OF 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. Ms. Betty J Holling**  
Full Name (Last, First, Middle Initial)

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 none Occupation homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2010

**Transaction ID : SA11AI.37104**

Amount of Each Receipt this Period  
 35.00

Ms. Betty J. Holling

**B. Ms. Marta Jo Lawrence**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Verna Hill Road

City Fairfield State CT Zip Code 06824-2157

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2010

**Transaction ID : SA11AI.37122**

Amount of Each Receipt this Period  
 500.00

Ms. Marta Jo Lawrence

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

Mailing Address 8914 Rockmont Terrace

City Colorado Springs State CO Zip Code 80920-6802

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

Name of Employer Retired Occupation Register Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2010

**Transaction ID : SA11AI.37117**

Amount of Each Receipt this Period  
 30.00

Ms. Shirley Plapp

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	565.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 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
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Carol Roggenstein**

Mailing Address 3852 Dunes Road

City Palm Beach Gardens	State FL	Zip Code 33410-2348
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FEC ID number of contributing federal political committee. **C**

Name of Employer Palm Beach County, FL	Occupation Librarian
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2010

**Transaction ID : SA11AI.37112**

Amount of Each Receipt this Period  
20.00

Ms. Carol Roggenstein

Full Name (Last, First, Middle Initial)  
**B. Mr. Stanley Schroeder**

Mailing Address 572 Wapiti Loop

City Hamilton	State MT	Zip Code 59840-9605
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2010

**Transaction ID : SA11AI.37124**

Amount of Each Receipt this Period  
25.00

Mr. Stanley H. Schroeder

Full Name (Last, First, Middle Initial)  
**C. Ms. Elsa Schultz**

Mailing Address 50 Coe Rd #111

City Belleair, FL 3375	State FL	Zip Code 33756-1951
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2010

**Transaction ID : SA11AI.37106**

Amount of Each Receipt this Period  
20.00

Ms. Elsa Schultz

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 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
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NAME OF COMMITTEE (In Full)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Mary C. Vassallo**

Mailing Address 81 Greenmount Terrace

City Waterbury State CT Zip Code 06708-4212

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

Name of Employer Retired Occupation Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 15 / 2010  
**Transaction ID : SA11AI.37101**

Amount of Each Receipt this Period  
20.00

Mrs. Mary C. Vassallo

Full Name (Last, First, Middle Initial)  
**B. Ms. Louise Young**

Mailing Address 325 Pepperwood Dr

City Little River State CA Zip Code 95425-5447

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

Name of Employer Retired Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 15 / 2010  
**Transaction ID : SA11AI.37109**

Amount of Each Receipt this Period  
25.00

Ms. Louise Young

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1205.00

**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)

<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. Authorize.net**

Mailing Address 915 S. 500 E.  
Suite 200

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2010			

**Transaction ID : SB21B.37140**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
									25.00

Full Name (Last, First, Middle Initial)

**B. Carefirst BCBS**

Mailing Address P.O. Box 79749

City Baltimore State MD Zip Code 21279

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2010			

**Transaction ID : SB21B.37144**

Amount of Each Disbursement this Period

4	3	9	.	6	1				
---	---	---	---	---	---	--	--	--	--

Full Name (Last, First, Middle Initial)

**C. Global STL NDPS**

Mailing Address 10 Glenlake Parkway NE  
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2010			

**Transaction ID : SB21B.37138**

Amount of Each Disbursement this Period

5	8	.	8	5					
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	2	3	.	4	6				
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5	2	3	.	4	6				
---	---	---	---	---	---	--	--	--	--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Full Name (Last, First, Middle Initial)

### A. Global STL NDPS

Mailing Address 10 Glenlake Parkway NE  
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2010

Transaction ID : SB21B.37139

Amount of Each Disbursement this Period

37.70

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

37.70

561.16

# 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 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 checked="" 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)  
**National Organization for Women PAC**

Full Name (Last, First, Middle Initial)

### A. National Organization for Women Equality PAC

Mailing Address 1100 H Street, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2010

Transaction ID : SB29.37143

Amount of Each Disbursement this Period

565.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

565.00
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565.00
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