



FEMINIST MAJORITY

Working for Women's Equality

RECEIVED

2010 OCT 20 AM 10:13

FEC MAIL CENTER

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President

Peg Yorkin
Chair of the Board

Katherine Spillar
Executive Vice President

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Beverly Hills, CA 90212
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Web Site:
<http://www.feminist.org>

E-mail:
femmaj@feminist.org

MEMORANDUM

TO: Federal Election Commission
FROM: Diane Cutri
DATE: October 19, 2010
RE: FEC Form 5, 24 Hour Report, C90010646

Attached please find completed FEC Form 5, 24 hour report for the Feminist Majority.

The FEC online web form was used to complete the information but when I was finished and hit the CHECK button at the end, it brought me back to the online web page and wiped out all the information. Fortunately I hit the print button BEFORE I ran the check. Also, the FEC website is painfully slow, taking at least 1 minute or more to add each itemized receipt or expense (loading slow).

Thank you.

10030463971

Webform last accessed on Tue Oct 19 18:14:25 EDT 2010

Your webform session will time-out in: 60 minutes from last webform access time.

Click [here](#) to extend your webform session for 1 Hour.

NOTE : Do not use browser Back and Foward buttons to navigate Online Webforms. Use the buttons provided within the webform.

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 *

Entity Type of Filer

Select- *

Name of Filer

Organization Name FEMINIST MAJORITY

-or-

Last Name

First Name

Middle Name

Prefix

Suffix

(b) Address (number and street)* check if different than previously reported

1600 WILSON BLVD SUITE 801

(c) City

ARLINTON

State*

Virginia

Zip Code

22209

2. Corporate filers only

Is the filer a qualified nonprofit corporation? Yes No

Individual filers only

Name of Employer

Occupation

3. FEC Identification Number C 90010646

4. TYPE OF REPORT (Check appropriate report type)

Report Type:*

24-Hour Report

Is this report an amendment?* Yes No

If report is an amendment, please provide the Report ID of the original report and Amendment Number of this amendment in the boxes given below. Click the "Report ID Lookup" link below to find the Report ID for original report.*

[Report ID Lookup](#)

Original Report ID FEC-

Amendment Number

(e.g. 1, 2, 3...etc.)

5. Covering Period 10/01/2010

(mm/dd/yyyy)

through

10/15/2010

(mm/dd/yyyy)

6. TOTAL CONTRIBUTIONS

\$ 22743.00

7. TOTAL INDEPENDENT EXPENDITURES

\$ 11916.20

SCHEDULE 5-A

Add Schedule 5-A

10030463972

10030463973

ITEMIZED RECEIPTS

Contribution #1.

Delete Record

Entity Type of Contributor
Individual (a person) *

Full Name of Donor*

Organization Name			
-or-			
Last Name	OLSON	First Name	JANE
Middle Name	T.	Prefix	Suffix

Date of Contribution*
10/01/2010 (mm/dd/yyyy)

Amount*
\$ 1,000.00

FEC ID number of contributing federal political committee
C

Name of Employer

Occupation

Mailing Address of Contributor
4 OAK KNOLL TERRACE

City State Zip
PASADENA California 91106

Contribution #2.

Delete Record

Entity Type of Contributor
Organization (not a committee and not a person) *

Full Name of Donor*

Organization Name			
WOMEN'S POLITICAL COMMITTEE			
-or-			
Last Name		First Name	
Middle Name		Prefix	Suffix

Date of Contribution*
10/01/2010 (mm/dd/yyyy)

Amount*
\$ 10,000.00

FEC ID number of contributing federal political committee
C C0018819

Name of Employer

Occupation

Mailing Address of Contributor
777 S. FIGUEROA STREET
SUITE 4050

City State Zip
LOS ANGELES California 90017

Contribution #3.

Delete Record

Entity Type of Contributor
Individual (a person) *

Full Name of Donor*

Organization Name			
-or-			
Last Name	RAVETS	First Name	PAULA
Middle Name		Prefix	Suffix

Date of Contribution*
10/06/2010 (mm/dd/yyyy)

Amount*
\$ 2,500.00

FEC ID number of contributing federal political committee
C

Name of Employer
SELF EMPLOYED

Occupation
PSYCHOLOGIST

Mailing Address of Contributor
9350 WILSHIRE BLVD.
SUITE 200

City State Zip
BEVERLY HILLS California 90212

Contribution #4.

Delete Record

Entity Type of Contributor

Individual (a person)

Full Name of Donor*

Organization Name			
-or-			
Last Name	MATTHAI	First Name	EDITH
Middle Name	R	Prefix	Suffix

Date of Contribution*

10/15/2010 (mm/dd/yyyy)

Amount*

\$ 1,000.00

FEC ID number of contributing federal political committee

C

Name of Employer

ROBIE & MATTHAI

Occupation

ATTORNEY

Mailing Address of Contributor

675 PALMERA AVENUE

City

PACIFIC PALISADES

State

California

Zip

90272

Contribution #5.

Delete Record

Entity Type of Contributor

Individual (a person)

Full Name of Donor*

Organization Name			
-or-			
Last Name	VAN TREES	First Name	SUSAN
Middle Name		Prefix	Suffix

Date of Contribution*

10/13/2010 (mm/dd/yyyy)

Amount*

\$ 3,000.00

FEC ID number of contributing federal political committee

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE BROKER

Mailing Address of Contributor

1117 OCEAN PARK BLVD.

City

SANTA MONICA

State

California

Zip

90405

Contribution #6.

Delete Record

Entity Type of Contributor

Individual (a person)

Full Name of Donor*

Organization Name			
-or-			
Last Name	ROSS	First Name	TONI
Middle Name		Prefix	Suffix

Date of Contribution*

10/07/2010 (mm/dd/yyyy)

Amount*

\$ 300.00

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

ARTIST

Mailing Address of Contributor

76 BEACH LANE

City

WAINSCOTT

State

New York

Zip

11975

Contribution #7.

Delete Record

1003046397A

Entity Type of Contributor

Individual (a person)

Full Name of Donor*

Organization Name		
-or-		
Last Name HUTMAN	First Name SHEILA	
Middle Name	Prefix	Suffix

Mailing Address of Contributor

1051 N. KENTER AVE.

City State Zip
 LOS ANGELES California 90049

Contribution #8.

Entity Type of Contributor

Individual (a person)

Full Name of Donor*

Organization Name		
-or-		
Last Name VARIOUS	First Name DONORS	
Middle Name	Prefix	Suffix

Mailing Address of Contributor

INDIVIDUAL DONORS

CONTRIBUTIONS \$200 AND UNDER

City State Zip
 -Select-

Date of Contribution*

10/05/2010 (mm/dd/yyyy)

Amount*

\$ 250.00

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Delete Record

Date of Contribution*

10/15/2010 (mm/dd/yyyy)

Amount*

\$ 4,693.00

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

TOTAL This Period

\$ 22743.00

(last page carry total to Line 6)

Back to TOP

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

Add Schedule 5-E

Independent Expenditure #1.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name DREHER	First Name DANA	
Middle Name A	Prefix	Suffix

Date of Independent Expenditure*

10/08/2010 (mm/dd/yyyy)

Amount *

\$ 345.00

Mailing Address of Payee

3953 A FILLMORE STREET

10030463975

City ST. LOUIS State Missouri Zip 63116

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) * CONSULTANT/CONTRACT SERVICES

Category / Type Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought 345.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA Middle Name Prefix Suffix

Disbursement/Obligation For Election Year General 2010

Office Sought

- House Senate President

Check one

- Support Oppose

District

State California

Independent Expenditure #2.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name Last Name PETERSON First Name MIRANDA Middle Name Prefix Suffix

Date of Independent Expenditure*

10/08/2010 (mm/dd/yyyy)

Amount * \$ 345.00

Mailing Address of Payee

2029 OLYMPIC BLVD.

City SANTA MONICA State California Zip 90404

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) * CONSULTANT/CONTRACT SERVICES

Category / Type Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought 345.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA Middle Name Prefix Suffix

Office Sought

- House Senate President

Check one

- Support Oppose

District

State California

10030463976

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #3.

Delete Record

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name	
-or-	
Last Name GODAY	First Name SARAH
Middle Name	Prefix Suffix

Date of Independent Expenditure*

10/08/2010 (mm/dd/yyyy)

Amount *
\$ 236.00

Mailing Address of Payee
10950 CHURCH STREET

City State Zip
RANCHO CUCAMON California 91730

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
236.00

Candidate ID

Name of Federal Candidate
Last Name BOXER First Name BARBARA
Middle Name Prefix Suffix

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State California

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #4.

Delete Record

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name	
-or-	
Last Name TWETEN	First Name ALEXANDRA
Middle Name	Prefix Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *
\$ 325.00

Mailing Address of Payee
2231 N. NIAGRA STREET

City State Zip
BURBANK California 91504

10030463977

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
CONSULTANT/CONTRACT SERVICES

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
325.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State California

Independent Expenditure #5.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name GAINES	First Name DUVERGNE	
Middle Name	Prefix	Suffix

Date of Independent Expenditure*

10/01/2010 (mm/dd/yyyy)

Amount *

\$ 240.00

Mailing Address of Payee

626 S. CLOVERDALE AVE.

City State Zip
LOS ANGELES California 90036

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
PRINTED MATERIAL REIMBURSEMENT, MAPS

Category / Type
Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought
240.00

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State California

Independent Expenditure #6.

Delete Record

10030463978

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name	SUN	First Name
Middle Name		JACQUELINE
	Prefix	Suffix

Date of Independent Expenditure*

10/01/2010 (mm/dd/yyyy)

Amount *

\$ 500.00

Mailing Address of Payee

433 S. BEVERLY DRIVE

City	State	Zip
BEVERLY HILLS	California	90212

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

TRAVEL EXPENSES

Category / Type

Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought

500.00

Candidate ID

Name of Federal Candidate

Last Name	BOXER	First Name	BARBARA
Middle Name		Prefix	Suffix

Disbursement/Obligation For	Election Year
General	2010

Office Sought

- House
- Senate
- President

Check one

- Support
- Oppose

District

State California

Independent Expenditure #7.

Delete Record

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name	DURAN	First Name
Middle Name		MYRA
	Prefix	Suffix

Date of Independent Expenditure*

10/01/2010 (mm/dd/yyyy)

Amount *

\$ 187.50

Mailing Address of Payee

433 S. BEVERLY DRIVE

City	State	Zip
BEVERLY HILLS	California	90212

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

10030463979

TRAVEL EXPENSES

Category / Type

Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought

187.50

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District

State California

Independent Expenditure #8.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

Organization Name		
-or-		
Last Name GODAY	First Name SARAH	
Middle Name	Prefix	Suffix

Date of Independent Expenditure*

10/08/2010 (mm/dd/yyyy)

Amount *

\$ 57.32

Mailing Address of Payee

10950 CHURCH STREET

City

RANCHO CUCAMON

State

California

Zip

91730

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *

TRAVEL EXPENSES

Category / Type

Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought

293.32

Candidate ID

Name of Federal Candidate

Last Name BOXER

First Name BARBARA

Middle Name

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District

State California

Independent Expenditure #9.

Delete Record

Entity Type of Payee*

Individual (a person)

Name of Payee *

10030463980

Organization Name			
-or-			
Last Name PETERSON	First Name MIRANDA		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 805.01

Mailing Address of Payee
2029 OLYMPIC BLVD.

City	State	Zip
SANTA MONICA	California	90404

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
TRAVEL EXPENSES

Category / Type
Travel Expenses - including travel reimbursement expenses

Calendar Year-To-Date Per Election for Office Sought
1,150.01

Candidate ID

Name of Federal Candidate			
Last Name BOXER	First Name BARBARA		
Middle Name	Prefix	Suffix	

Disbursement/Obligation For	Election Year
General	2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State California

Independent Expenditure #10.

Delete Record

Entity Type of Payee*
Individual (a person)

Name of Payee *

Organization Name			
-or-			
Last Name KHORSAND	First Name NEEKTA		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 108.14

Mailing Address of Payee
15282 NANTES

City	State	Zip
IRVINE	California	92604

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
TRAVEL EXPENSES

Category / Type
Travel Expenses - including travel reimbursement expenses

Office Sought

10030463981

Calendar Year-To-Date Per Election for Office Sought

108.14

Candidate ID

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

- House
Senate
President

Check one

- Support Oppose

District

State California

Independent Expenditure #11.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY
Last Name First Name
Middle Name Prefix Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 6,275.60

Mailing Address of Payee

1600 WILSON BLVD.

SUITE 801

City State Zip
ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

14,770.60

Candidate ID

Office Sought

- House
Senate
President

Check one

- Support Oppose

District

State California

Name of Federal Candidate

Last Name BOXER First Name BARBARA

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #12.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY
Last Name First Name
Middle Name Prefix Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

10030463982

<i>Last Name</i>	<i>First Name</i>	
<i>Middle Name</i>	<i>Prefix</i>	<i>Suffix</i>

\$ 1,386.35

Mailing Address of Payee

1600 WILSON BLVD.

SUITE 801

City State Zip
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

1,386.35

Candidate ID

Name of Federal Candidate

Last Name HERR First Name LOIS

Middle Name H Prefix Suffix

Disbursement/Obligation For Election Year

General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District 16

State Pennsylvania

10030463983

Independent Expenditure #13.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

<i>Organization Name</i>	FEMINIST MAJORITY	
-or-		
<i>Last Name</i>	<i>First Name</i>	
<i>Middle Name</i>	<i>Prefix</i>	<i>Suffix</i>

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD.

SUITE 801

City State Zip
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Office Sought

- House
- Senate
- President

Candidate ID

Check one

Support Oppose

Name of Federal Candidate

Last Name MCNERNEY First Name JERRY

District 11

Middle Name H Prefix Suffix

State California

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #14.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Date of Independent Expenditure*

Organization Name	FEMINIST MAJORITY		
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD.

SUITE 801

City State Zip
ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Office Sought

House
 Senate
 President

Check one

Support Oppose

Name of Federal Candidate

Last Name SANCHEZ First Name LORETTA

District 47

Middle Name H Prefix Suffix

State California

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #15.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Date of Independent Expenditure*

Organization Name	FEMINIST MAJORITY		
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

10030463984

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name MARKEY

First Name BETSEY

Middle Name H

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 4

State Colorado

Delete Record

Independent Expenditure #16.

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY

-or-

Last Name

First Name

Middle Name

Prefix

Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD.

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Office Sought

House

Senate

President

Check one

Support Oppose

Name of Federal Candidate

10030463985

Last Name BENNET **First Name** MICHAEL
Middle Name S **Prefix** **Suffix**
Disbursement/Obligation For **Election Year**
 General 2010

District
State Colorado

Independent Expenditure #17.

Delete Record

Entity Type of Payee*
 Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

Mailing Address of Payee
 1600 WILSON BLVD
 SUITE 801
City ARLINGTON **State** Virginia **Zip** 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *
 SALARIES AND BENEFITS

Category / Type
 Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
 34.54

Candidate ID

Name of Federal Candidate
Last Name BLUMENTHAL **First Name** RICHARD
Middle Name S **Prefix** **Suffix**

Office Sought

- House
- Senate
- President

Check one

- Support
- Oppose

Disbursement/Obligation For **Election Year**
 General 2010

District
State Connecticut

Independent Expenditure #18.

Delete Record

Entity Type of Payee*
 Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

Mailing Address of Payee
 1600 WILSON BLVD

10030463986

SUITE 801

City ARLINGTON State Virginia Zip 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) * SALARIES AND BENEFITS

Category / Type Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought 34.54

Candidate ID

Name of Federal Candidate

Last Name HIMES First Name JIM Middle Name H Prefix Suffix

Disbursement/Obligation For Election Year General 2010

Office Sought

- House (checked) Senate President

Check one

- Support (checked) Oppose

District 4 State Connecticut

Independent Expenditure #19.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY -or- Last Name First Name Middle Name Prefix Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City ARLINGTON State Virginia Zip 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) * SALARIES AND BENEFITS

Category / Type Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought 34.54

Candidate ID

Name of Federal Candidate

Last Name COONS First Name CHRIS Middle Name S Prefix Suffix

Office Sought

- House Senate (checked) President

Check one

- Support (checked) Oppose

District State Delaware

10030463987

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #20.

Delete Record

Entity Type of Payee*
Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name GRAYSON First Name ALAN

Middle Name S Prefix Suffix

Disbursement/Obligation For Election Year

General 2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 8

State Florida

Independent Expenditure #21.

Delete Record

Entity Type of Payee*
Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
ARLINGTON Virginia 22209

10030463988

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name KLEIN

First Name RON

Middle Name H

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 22

State Florida

Independent Expenditure #22.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name KOSMAS

First Name SUZANNE

Middle Name H

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 24

State Florida

Independent Expenditure #23.

Delete Record

10030463989

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name	FEMINIST MAJORITY		
	-or-		
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name MEEK First Name KEN
 Middle Name S Prefix Suffix

Disbursement/Obligation For Election Year
 General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State : Florida

Independent Expenditure #24.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name	FEMINIST MAJORITY		
	-or-		
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

10030463990

SALARIES AND BENEFITS

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
34.54

Candidate ID

Name of Federal Candidate
Last Name FOSTER First Name BILL
Middle Name H Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District 14

State Illinois

Independent Expenditure #25.

Delete Record

Entity Type of Payee*
Organization (not a committee and not a person)

Name of Payee *

Organization Name	FEMINIST MAJORITY		
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

Mailing Address of Payee
1600 WILSON BLVD.

SUITE 801

City State Zip
ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *
SALARIES AND BENEFITS

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
34.54

Candidate ID

Name of Federal Candidate
Last Name HALVORSON First Name DEBBIE
Middle Name H Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District 11

State Illinois

Independent Expenditure #26.

Delete Record

Entity Type of Payee*
Organization (not a committee and not a person)

Name of Payee *

10030463991

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City	State	Zip
ARLINGTON	Virginia	22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name SEALS **First Name** DAN

Middle Name H **Prefix** **Suffix**

Disbursement/Obligation For **Election Year**

General 2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 10

State Illinois

Independent Expenditure #27.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City	State	Zip
ARLINGTON	Virginia	22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Office Sought

10030463992

Calendar Year-To-Date Per Election for Office Sought
34.54

Candidate ID

Name of Federal Candidate

Last Name GIANNOULIAS First Name ALEX

Middle Name S Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

- House
- Senate
- President

Check one

- Support Oppose

District

State Illinois

Independent Expenditure #28.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City ARLINGTON State Virginia Zip 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
SALARIES AND BENEFITS

Category / Type
Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought
34.54

Candidate ID

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State Missouri

Name of Federal Candidate

Last Name CARNAHAN First Name ROBIN

Middle Name Prefix Suffix

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #29.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

10030463993

<i>Last Name</i>	<i>First Name</i>	
<i>Middle Name</i>	<i>Prefix</i>	<i>Suffix</i>

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City	State	Zip
ARLINGTON	Virginia	22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

<i>Last Name</i> TITUS	<i>First Name</i> DINA
<i>Middle Name</i> H	<i>Prefix</i>
	<i>Suffix</i>

Disbursement/Obligation For	Election Year
General	2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District 3

State Nevada

Independent Expenditure #30.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

<i>Organization Name</i>	FEMINIST MAJORITY
-or-	
<i>Last Name</i>	<i>First Name</i>
<i>Middle Name</i>	<i>Prefix</i>
	<i>Suffix</i>

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City	State	Zip
ARLINGTON	Virginia	22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Office Sought

- House
- Senate
- President

10030463994

Candidate ID

Check one

Support Oppose

Name of Federal Candidate

Last Name REID First Name HARRY

Middle Name S Prefix Suffix

District

State Nevada

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #31.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name		FEMINIST MAJORITY	
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Office Sought

House

Senate

President

Candidate ID

Check one

Support Oppose

Name of Federal Candidate

Last Name SHEA-PORTEF First Name CAROL

Middle Name H Prefix Suffix

District 1

State New Hampshire

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #32.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name		FEMINIST MAJORITY	
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

10030463995

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name KUSTER

First Name ANN

Middle Name MCLANE

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 2

State New Hampshire

Independent Expenditure #33.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY

-or-

Last Name

First Name

Middle Name

Prefix

Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Office Sought

House

Senate

President

Check one

Support Oppose

10030463996

Last Name HODES **First Name** PAUL
Middle Name S **Prefix** **Suffix**
Disbursement/Obligation For **Election Year**
 General 2010

District
State New Hampshire

Independent Expenditure #34.

Delete Record

Entity Type of Payee*
 Organization (not a committee and not a person)

Name of Payee *
Organization Name FEMINIST MAJORITY
 -or-
Last Name **First Name**
Middle Name **Prefix** **Suffix**

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee
 1600 WILSON BLVD
 SUITE 801
City **State** **Zip**
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
 SALARIES AND BENEFITS

Category / Type
 Administrative/Salary/Overhead Expenses
Calendar Year-To-Date Per Election for Office Sought
 34.54
Candidate ID

Office Sought
 House
 Senate
 President

Check one
 Support Oppose

Name of Federal Candidate
Last Name KISELL **First Name** LARRY
Middle Name H **Prefix** **Suffix**
Disbursement/Obligation For **Election Year**
 General 2010

District 8
State North Carolina

Independent Expenditure #35.

Delete Record

Entity Type of Payee*
 Organization (not a committee and not a person)

Name of Payee *
Organization Name FEMINIST MAJORITY
 -or-
Last Name **First Name**
Middle Name **Prefix** **Suffix**

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee
 1600 WILSON BLVD

10030463997

SUITE 801

City ARLINGTON State Virginia Zip 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) * SALARIES AND BENEFITS

Category / Type Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought 34.54

Candidate ID

Name of Federal Candidate

Last Name MARSHALL First Name ELAINE

Middle Name S Prefix Suffix

Disbursement/Obligation For Election Year General 2010

Office Sought

- House Senate President

Check one

- Support Oppose

District

State North Carolina

Independent Expenditure #36.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY -or- Last Name First Name Middle Name Prefix Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City ARLINGTON State Virginia Zip 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) * SALARIES AND BENEFITS

Category / Type Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought 34.54

Candidate ID

Name of Federal Candidate

Last Name KILROY First Name MARY

Middle Name JO Prefix Suffix

Office Sought

- House Senate President

Check one

- Support Oppose

District 15

State Ohio

10030463998

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #37.

Delete Record

Entity Type of Payee*
Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY	
-or-	
Last Name	First Name
Middle Name	Prefix Suffix

Date of Independent Expenditure*
10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

Mailing Address of Payee
1600 WILSON BLVD
SUITE 801
City State Zip
ARLINGTON Virginia 22209

Payer Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *
SALARIES AND BENEFITS

Category / Type
Administrative/Salary/Overhead Expenses
Calendar Year-To-Date Per Election for Office Sought
34.54

Candidate ID

Name of Federal Candidate

Last Name BROOKS	First Name PAULA
Middle Name H	Prefix Suffix

Office Sought
 House
 Senate
 President
Check one
 Support Oppose
District 12
State Ohio

Disbursement/Obligation For Election Year
General 2010

Independent Expenditure #38.

Delete Record

Entity Type of Payee*
Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY	
-or-	
Last Name	First Name
Middle Name	Prefix Suffix

Date of Independent Expenditure*
10/15/2010 (mm/dd/yyyy)

Amount *
\$ 34.54

Mailing Address of Payee
1600 WILSON BLVD
SUITE 801
City State Zip
ARLINGTON Virginia 22209

10030463999

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name SUTTON First Name BETTY

Middle Name H Prefix Suffix

Disbursement/Obligation For Election Year

General 2010

Office Sought

House

Senate

President

Check one

Support Oppose

District 13

State Ohio

Independent Expenditure #39.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY	
-or-	
Last Name	First Name
Middle Name	Prefix Suffix

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City ARLINGTON State Virginia Zip 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name FISHER First Name LEE

Middle Name S Prefix Suffix

Disbursement/Obligation For Election Year

General 2010

Office Sought

House

Senate

President

Check one

Support Oppose

District

State Ohio

Independent Expenditure #40.

Delete Record

10030464000

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name SESTAK First Name JOE
 Middle Name S Prefix Suffix

Disbursement/Obligation For Election Year
 General 2010

Office Sought

- House
- Senate
- President

Check one

- Support Oppose

District

State Pennsylvania

Independent Expenditure #41.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City State Zip
 ARLINGTON Virginia 22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

10050464001

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name MURRAY

First Name PATTY

Middle Name S

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District

State Washington

Independent Expenditure #42.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY			
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s)) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name DELBENE

First Name SUZAN

Middle Name H

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District

State Washington

Independent Expenditure #43.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

10030464002

Organization Name FEMINIST MAJORITY
 -or-
Last Name **First Name**
Middle Name **Prefix** **Suffix**

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *

SALARIES AND BENEFITS

Category / Type

Solicitation and Fundraising Expenses

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name FEINGOLD

First Name RUSS

Middle Name S

Prefix

Suffix

Disbursement/Obligation For

General

Election Year

2010

Office Sought

House

Senate

President

Check one

Support Oppose

District

State Wisconsin

Independent Expenditure #44.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name FEMINIST MAJORITY
 -or-
Last Name **First Name**
Middle Name **Prefix** **Suffix**

Date of Independent Expenditure*

10/15/2010 (mm/dd/yyyy)

Amount *

\$ 34.54

Mailing Address of Payee

1600 WILSON BLVD

SUITE 801

City

ARLINGTON

State

Virginia

Zip

22209

Payee Committee FEC ID

Purpose of Disbursement (Including title(s) of communication(s) *

SALARIES AND BENEFITS

Category / Type

Administrative/Salary/Overhead Expenses

Office Sought

10030464003

Calendar Year-To-Date Per Election for Office Sought

34.54

Candidate ID

Name of Federal Candidate

Last Name LASSA

First Name JULIE

Middle Name H

Prefix

Suffix

Disbursement/Obligation For
General

Election Year
2010

- House
- Senate
- President

Check one

- Support
- Oppose

District

State Wisconsin

TOTAL Independent Expenditures

\$ 11916.20

(last page carry total to Line 7)

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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.

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DATE *

Last Name CUTRI

First Name DIANE

10/19/2010 (mm/dd/yyyy)

Middle Name

ELIZABETH

Prefix

Suffix

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

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FEC Form 5 (Rev. 09/2005)

For further information, contact:

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