

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Organization for Women PAC

ADDRESS (number and street) 1100 H Street, NW
3rd Fl
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 2008

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 Electronically Filed by Allendra Letsome Date 03 28 2011

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

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Organization for Women PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		23018.60
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	29189.01									
(c) Total Receipts (from Line 19)	25046.51	244678.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54235.52	267697.51								
7. Total Disbursements (from Line 31)	29659.97	243121.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24575.55	24575.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
National Organization for Women PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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)	2952.50	106855.38
(ii) Unitemized	7094.01	81823.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10046.51	188678.91
(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)	10046.51	188678.91
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.)	15000.00	56000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25046.51	244678.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25046.51	244678.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2000.71	28002.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2000.71	28002.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6659.26	41782.89
24. Independent Expenditure (use Schedule E)	0.00	63499.26
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	21000.00	109837.18
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29659.97	243121.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29659.97	243121.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	10046.51	188678.91
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10046.51	188678.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2000.71	28002.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2000.71	28002.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

A.

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

Mailing Address 1700 De Anza Boulevard, #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 ▼ 220.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.34020

Amount of Each Receipt this Period 20.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Bacall

Mailing Address 15 Eagle Dr

City State Zip Code
Newmarket NH 03857-1742

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.33820

Amount of Each Receipt this Period 25.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Joan H. Bacall

Mailing Address 15 Eagle Dr

City State Zip Code
Newmarket NH 03857-1742

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.34013

Amount of Each Receipt this Period 25.00

Contribution

SUBTOTAL of Receipts This Page (optional) 70.00

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: PAGE 7 / 34
(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Rebecca Bahr</p> <p>Mailing Address 101 W 90th St. Apt. # 22-E</p> <p>City State Zip Code New York NY 10024-1274</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HORACE MANN HIGH SCHOOL, NY, NY HIGH SCHOOL TEACHER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 8</p> <p>Transaction ID: SA11AI.33984</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Joanne Baldwin</p> <p>Mailing Address 7600 Ali Drive</p> <p>City State Zip Code Lincoln NE 68507-3314</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HERITAGE ADMINISTRATION SERVICES HR DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 8</p> <p>Transaction ID: SA11AI.33928</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) M Coleen Barker</p> <p>Mailing Address 33542 Valle Road</p> <p>City State Zip Code San Juan CA 92675-4800</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation American Financial Group mortgage loan consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.33822</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	75.00
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: PAGE 8 / 34
(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

A. Full Name (Last, First, Middle Initial)
M Coleen Barker

Mailing Address 33542 Valle Road

City San Juan State CA Zip Code 92675-4800

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

Name of Employer American Financial Group Occupation mortgage loan consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 20 / 2008
Transaction ID: SA11AI.34026
Amount of Each Receipt this Period 25.00
Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Sheila Bayne

Mailing Address 10 Whitcomb Street

City Belmont State MA Zip Code 02478-1253

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

Name of Employer TUFTS UNIVERSITY, MEDFORD, MA Occupation ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.33929
Amount of Each Receipt this Period 42.00
Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Rebecca Behrendt

Mailing Address 3403 Field Ave

City Anacortes State WA Zip Code 98221-4702

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.33950
Amount of Each Receipt this Period 20.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 87.00

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: PAGE 9 / 34
(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Priscilla Bellairs</p> <p>Mailing Address 63 Purchase Street</p> <p>City State Zip Code Newburyport MA 01950-3141</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N. ESSEX COMM COLLEGE, HA- VERHILL, MA</p> <p>Occupation TEACHER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.33836</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Ms. Priscilla Bellairs</p> <p>Mailing Address 63 Purchase Street</p> <p>City State Zip Code Newburyport MA 01950-3141</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N. ESSEX COMM COLLEGE, HA- VERHILL, MA</p> <p>Occupation TEACHER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.34024</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Ms. Lisa Beutler</p> <p>Mailing Address 3920 El Ricon Way</p> <p>City State Zip Code Sacramento CA 95864-3044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer STATE OF CALIFORNIA</p> <p>Occupation MANAGER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 202.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: SA11AI.33833</p> <p>Amount of Each Receipt this Period 15.25</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	95.25
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 10 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Ms. Lisa Beutler		Date of Receipt
	Mailing Address 3920 El Ricon Way		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sacramento	CA	95864-3044
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.34009
Name of Employer STATE OF CALIFORNIA		Occupation MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="217.75"/>	<input type="text" value="15.25"/>
Contribution			

B.	Full Name (Last, First, Middle Initial) Ms. Mary Boice		Date of Receipt
	Mailing Address 8 Coronado Shrs		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lincoln City	OR	97367-5201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33943
Name of Employer Retired		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="25.00"/>
Contribution			

C.	Full Name (Last, First, Middle Initial) Ms. Patricia Carter		Date of Receipt
	Mailing Address 825 Intervale Road		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bethel	ME	04217-4823
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33944
Name of Employer SAD, Bethel, ME		Occupation bus driver	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>	<input type="text" value="25.00"/>
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="65.25"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34
(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

A. Full Name (Last, First, Middle Initial)
Mr. Morgan Clark

Mailing Address 203 Academy St.

City State Zip Code
South Orange NJ 07079-1829

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.34005

Amount of Each Receipt this Period
20.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Susan Damplo

Mailing Address 23 Old Sprain Rd

City State Zip Code
Ardsley NY 10502-2017

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

Name of Employer Occupation
not given

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.33948

Amount of Each Receipt this Period
20.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Sue Errington

Mailing Address 3200 Brook Drive

City State Zip Code
Muncie IN 47304-2915

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

Name of Employer Occupation
PLANNED PARENTHOOD OF GREATER INDIANA DIRECTOR OF PUBLIC POLICY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.33825

Amount of Each Receipt this Period
25.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **65.00**

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: PAGE 12 / 34
(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

A. Full Name (Last, First, Middle Initial)
Ms. Sue Errington

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 PLANNED PARENTHOOD OF GREATER INDIANA Occupation DIRECTOR OF PUBLIC POLICY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 20 / 2008
Transaction ID: SA11AI.34006
 Amount of Each Receipt this Period 25.00
 Contribution

B. Full Name (Last, First, Middle Initial)
M.D. Laura Feldman

Mailing Address 5903 Padre Roberto Rd. NW

City Albuquerque State NM Zip Code 87107-7116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2008
Transaction ID: SA11AI.33875
 Amount of Each Receipt this Period 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Edna Fillingier

Mailing Address 315 Ray Street

City Newcomerstown State OH Zip Code 43832-1247

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 ▼ 550.00

Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.33932
 Amount of Each Receipt this Period 25.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 13 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

A.	Full Name (Last, First, Middle Initial) Ms. Pamela Garrison	Date of Receipt MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 3824 La Playa Blvd	Transaction ID: SA11AI.34030
	City State Zip Code Miami FL 33133-3762	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Baptist Hospital Registered Nurse-Semi-Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Helen Gjessing	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address P.O. Box 301844	Transaction ID: SA11AI.33874
	City State Zip Code St Thomas VI 00803-1844	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms. Ursula Gusse	Date of Receipt MM / DD / YYYY 10 / 20 / 2008
	Mailing Address 316 Curl Creek Road	Transaction ID: SA11AI.33830
	City State Zip Code Greenwood SC 29649-8519	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	825.00
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: PAGE 14 / 34
(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

A.

Full Name (Last, First, Middle Initial)
Ms. Ursula Gusse

Mailing Address 316 Curl Creek Road

City Greenwood State SC Zip Code 29649-8519

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 20 / 2008

Transaction ID: SA11AI.34025

Amount of Each Receipt this Period 25.00

Contribution

B.

Full Name (Last, First, Middle Initial)
M.D. Thomas Gutheil

Mailing Address 6 Wellman Street

City Brookline State MA Zip Code 02446-2831

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

Name of Employer self Occupation M.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 17 / 2008

Transaction ID: SA11AI.33942

Amount of Each Receipt this Period 25.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Edith Herron

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 17 / 2008

Transaction ID: SA11AI.33941

Amount of Each Receipt this Period 40.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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: PAGE 15 / 34

(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

A.

Full Name (Last, First, Middle Initial)
Ms. Betty Holling

Mailing Address 15 Sylvan Avenue

City State Zip Code
Chelmsford MA 01824-2327

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

Name of Employer Occupation
NONE HOME MAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.33952

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ms. Ester LaBay

Mailing Address 17 Church St. Apt. # 41

City State Zip Code
St Johnsbury VT 05819-2129

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

Name of Employer Occupation
 RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.33840

Amount of Each Receipt this Period

30.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Ester LaBay

Mailing Address 17 Church St. Apt. # 41

City State Zip Code
St Johnsbury VT 05819-2129

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

Name of Employer Occupation
 RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.34012

Amount of Each Receipt this Period

30.00

Contribution

SUBTOTAL of Receipts This Page (optional)

95.00

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: PAGE 16 / 34
(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

A. Full Name (Last, First, Middle Initial)
Mr. Austin Lin

Mailing Address 8 Saint Paul Street

City State Zip Code
Cambridge MA 02139-2506

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

Name of Employer Occupation
Brookline High School Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: SA11AI.33970

Amount of Each Receipt this Period
25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Jenifer Mackby

Mailing Address 5619 Potomac Ave NW

City State Zip Code
Washington DC 20016-0000

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

Name of Employer Occupation
CSIS Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2008

Transaction ID: SA11AI.33796

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Morgan McBride

Mailing Address 17340 Kennedy Road

City State Zip Code
Sonora CA 95370-8700

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

Name of Employer Occupation
COLUMBIA COLLEGE, SONORA, CA college professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2008

Transaction ID: SA11AI.33971

Amount of Each Receipt this Period
25.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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: PAGE 17 / 34
(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

A. Full Name (Last, First, Middle Initial)
Ms Margaret Mccartney
Mailing Address 19381 Via Real Dr
City State Zip Code
Saratoga CA 95070-4527
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 ▼ 275.00
Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.33957
Amount of Each Receipt this Period 25.00
Contribution

B. Full Name (Last, First, Middle Initial)
Mr. William McFarlane, Jr.
Mailing Address 234 1/2 9th Street
City State Zip Code
West Palm Beach FL 33401-3704
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 ▼ 275.00
Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.33956
Amount of Each Receipt this Period 25.00
Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Wanda McNeil, Esq.
Mailing Address 2013 Alexander Drive, SE
City State Zip Code
Huntsville AL 35801-1661
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation attorney
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 17 / 2008
Transaction ID: SA11AI.33955
Amount of Each Receipt this Period 25.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 75.00
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: PAGE 18 / 34
(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

A. Full Name (Last, First, Middle Initial)
Ms. Nancy Moore

Mailing Address 3284 Noreen Drive

City Columbus State OH Zip Code 43221-4567

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

Name of Employer OHIO E P A Occupation ERW MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2008

Transaction ID: SA11AI.33960

Amount of Each Receipt this Period 20.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Nils Normann

Mailing Address 3815 Sun Valley Dr

City Houston State TX Zip Code 77025-4138

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

Name of Employer BCM Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: SA11AI.33890

Amount of Each Receipt this Period 250.00

Contribution

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

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 RETIRED RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 20 / 2008

Transaction ID: SA11AI.33843

Amount of Each Receipt this Period 30.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 19 / 34
	<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.	Full Name (Last, First, Middle Initial) Ms. Shirley Plapp		Date of Receipt
	Mailing Address 8914 Rockmont Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Colorado Springs	CO	80920-6802
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.34010
Name of Employer Retired		Occupation RETIRED RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 30.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Ms. Carol Roggenstein		Date of Receipt
	Mailing Address 3852 Dunes Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Palm Beach Gardens	FL	33410-2348
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.34021
Name of Employer PALM BEACH COUNTY, FL		Occupation LIBRARIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Ms. L. Dianne Rubins		Date of Receipt
	Mailing Address 514 Neptune Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Napa	CA	94558-9670
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33966
Name of Employer St. Helena Hospital Center, Vallejo, C		Occupation Marriage and Family Therapist, License	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	<input type="text"/> 25.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 34
(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

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

Mailing Address 572 Wapiti Loop

City State Zip Code
Hamilton MT 59840-9605

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.33815

Amount of Each Receipt this Period
25.00

Contribution

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

Mailing Address 572 Wapiti Loop

City State Zip Code
Hamilton MT 59840-9605

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.34022

Amount of Each Receipt this Period
25.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms.Carolynn Schwartz

Mailing Address 946 Jenifer St

City State Zip Code
Madison WI 53703-3522

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

Name of Employer self Occupation musician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: SA11AI.33979

Amount of Each Receipt this Period
25.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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: PAGE 21 / 34
(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

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Selsor

Mailing Address P.O. Box 270257

City State Zip Code
Susanville CA 96127-0005

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

Name of Employer Occupation
LASSEN UNION; SUSANVILLE, CA HIGH SCHOOL TEACHER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.33844

Amount of Each Receipt this Period
25.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Selsor

Mailing Address P.O. Box 270257

City State Zip Code
Susanville CA 96127-0005

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

Name of Employer Occupation
LASSEN UNION; SUSANVILLE, CA HIGH SCHOOL TEACHER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.33990

Amount of Each Receipt this Period
25.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City State Zip Code
Hinsdale IL 60521-3720

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

Name of Employer Occupation
RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.33846

Amount of Each Receipt this Period
35.00

Contribution

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: PAGE 22 / 34
(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

A. Full Name (Last, First, Middle Initial)
Ms. Mona Taylor

Mailing Address 138 N Garfield Rd

City Hinsdale State IL Zip Code 60521-3720

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

Name of Employer Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 20 / 2008

Transaction ID: SA11AI.34014

Amount of Each Receipt this Period 35.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Timmer

Mailing Address 261 S. Reeves Drive PH1

City Beverly Hills State CA Zip Code 90212-0000

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 17 / 2008

Transaction ID: SA11AI.33985

Amount of Each Receipt this Period 100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mrs. Mary 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 RETIRED EDUCATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2008

Transaction ID: SA11AI.33958

Amount of Each Receipt this Period 20.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 23 / 34
	<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.	Full Name (Last, First, Middle Initial) Ms. Olga Vives		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 4220 Campbell Avenue, #620		Transaction ID: SA11AI.33972		
	City Arlington	State VA	Zip Code 22206-3426	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer National Organization For Women	Occupation Executive VP	Aggregate Year-to-Date 550.00		

B.	Full Name (Last, First, Middle Initial) Dr. Marion Wagner		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 4719 Bluffwood Drive N.		Transaction ID: SA11AI.33973		
	City Indianapolis	State IN	Zip Code 46228-2911	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Retired	Occupation Professor	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Ms. Martha Wettemann		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 714 Darrow Drive		Transaction ID: SA11AI.33975		
	City Pleasant View	State TN	Zip Code 37146-8073	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer STATE OF TN	Occupation STATISTICAL ANALYSIS SUPERVISOR	Aggregate Year-to-Date 225.00		

SUBTOTAL of Receipts This Page (optional)	▶	100.00
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:		PAGE 24 / 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

A.

Full Name (Last, First, Middle Initial) Ms. Margaret Zierdt		Date of Receipt																					
Mailing Address 701 Roxboro Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	7	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	7	/	2	0	0	8														
City	State	Zip Code	Transaction ID: SA11AI.33978																				
Rockville	MD	20850-3824	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>																				
Name of Employer	Occupation	Contribution																					
	RETIRED																						
Receipt For:	Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="20.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2952.50"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 34	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Organization for Women PAC

A.	Full Name (Last, First, Middle Initial) National Organization for Women, Inc		Date of Receipt																					
	Mailing Address 1100 H Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	6		2	0	0	8														
	City State Zip Code Washington DC 20005		Transaction ID: SA17.37269																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00																						
Name of Employer Occupation		Transfer																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 56000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 34

<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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.34032 Date of Disbursement 10 / 21 / 2008
	Mailing Address PO Box 7006	Amount of Each Disbursement this Period 4.50
	City Midvale State UT Zip Code 84047	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.34035 Date of Disbursement 11 / 05 / 2008
	Mailing Address PO Box 7006	Amount of Each Disbursement this Period 6.84
	City Midvale State UT Zip Code 84047	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.34036 Date of Disbursement 11 / 20 / 2008
	Mailing Address PO Box 7006	Amount of Each Disbursement this Period 4.50
	City Midvale State UT Zip Code 84047	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15.84
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

<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

A.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.34039 Date of Disbursement 11 / 04 / 2008
	Mailing Address 915 S. 500 E. Suite 200	Amount of Each Disbursement this Period 27.10
	City American Fork State UT Zip Code 84003	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Melody Drnach	Transaction ID: SB21B.34066 Date of Disbursement 11 / 17 / 2008
	Mailing Address 1100 H Street, NW	Amount of Each Disbursement this Period 184.91
	City Washington, DC State DC Zip Code 20005	
	Purpose of Disbursement PAC officer travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Global STL NDPS	Transaction ID: SB21B.34037 Date of Disbursement 11 / 04 / 2008
	Mailing Address 10 Glenlake Parkway NE North Tower	Amount of Each Disbursement this Period 57.17
	City Atlanta State GA Zip Code 30328	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	269.18
TOTAL This Period (last page this line number only)	▶	

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

A.	Full Name (Last, First, Middle Initial) Global STL NDPS	Transaction ID: SB21B.34038 Date of Disbursement MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 10 Glenlake Parkway NE North Tower	Amount of Each Disbursement this Period 53.17
	City Atlanta State GA Zip Code 30328	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Payment Solutions	Transaction ID: SB21B.34040 Date of Disbursement MM / DD / YYYY 10 / 16 / 2008
	Mailing Address P O Box 30217	Amount of Each Disbursement this Period 333.80
	City Bethesda State MD Zip Code 20924	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Payment Solutions	Transaction ID: SB21B.34058 Date of Disbursement MM / DD / YYYY 11 / 17 / 2008
	Mailing Address P O Box 30217	Amount of Each Disbursement this Period 160.60
	City Bethesda State MD Zip Code 20924	
	Purpose of Disbursement credit card processing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	547.57
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 34

<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

A.	Full Name (Last, First, Middle Initial) Tri-State Envelope Corporation	Transaction ID: SB21B.34059 Date of Disbursement 11 / 17 / 2008
	Mailing Address P.O. Box 433	Amount of Each Disbursement this Period 859.59
	City Beltsville State MD Zip Code 20704	
	Purpose of Disbursement printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB21B.34070 Date of Disbursement 10 / 28 / 2008
	Mailing Address P.O. Box 92200	Amount of Each Disbursement this Period 17.00
	City Washington State DC Zip Code 20090-2200	
	Purpose of Disbursement postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB21B.34068 Date of Disbursement 11 / 21 / 2008
	Mailing Address P.O. Box 92200	Amount of Each Disbursement this Period 14.45
	City Washington State DC Zip Code 20090-2200	
	Purpose of Disbursement postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	891.04
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 34

<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

A.

Full Name (Last, First, Middle Initial)
Victoria Woodbury

Mailing Address

City State Zip Code

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.37277

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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

1973.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

<p>A. Full Name (Last, First, Middle Initial) JILL MORGENTHALER FOR CONGRESS</p> <p>Mailing Address PO Box 5330</p> <p>City Glendale Heights State IL Zip Code 60139</p> <p>Purpose of Disbursement Contribution Candidate Name JILL MORGENTHALER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34048 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) JULIE BORNSTEIN FOR CONGRESS</p> <p>Mailing Address P.O. Box 2585</p> <p>City Palm Desert State CA Zip Code 92261</p> <p>Purpose of Disbursement Contribution Candidate Name JULIE BORNSTEIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34051 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Sara Little</p> <p>Mailing Address 1500 Massachusetts Avenue NW 727</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement in kind, organizer travel expense Candidate Name MARKEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.34062 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 573.00</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2573.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A. Full Name (Last, First, Middle Initial) Ohio Counts Every Vote <hr/> Mailing Address 550 East Walnut Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Contribution Candidate Name KILROY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34055 Date of Disbursement 11 / 19 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ali Rodway <hr/> Mailing Address 1100 H Street NW 3rd Floor <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement in kind, organizer travel expense Candidate Name MARKEY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.34064 Date of Disbursement 10 / 17 / 2008
	Amount of Each Disbursement this Period 472.50
	Category/ Type 002
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1472.50

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

6659.26

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

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

A. Full Name (Last, First, Middle Initial)
National Organization for Women, Inc

Mailing Address 1100 H Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.37270

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
National Organization for Women, Inc

Mailing Address 1100 H Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer- Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.37271

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

18000.00

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

21000.00