

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 11 04 2008 in the State of DC
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 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							
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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
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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	59921.22									
(c) Total Receipts (from Line 19)	7702.64	219632.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67623.86	242651.00								
7. Total Disbursements (from Line 31)	38434.85	213461.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29189.01	29189.01								
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
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

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)	3117.00	103902.88
(ii) Unitemized	4585.64	74729.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7702.64	178632.40
(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)	7702.64	178632.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	41000.00
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))	7702.64	219632.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7702.64	219632.40

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.....	434.85	26001.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	434.85	26001.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	35123.63
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.....	23000.00	88837.18
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))..	38434.85	213461.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38434.85	213461.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	7702.64	178632.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7702.64	178632.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	434.85	26001.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	434.85	26001.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23

(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)
Ms. Rebecca Bahr

Mailing Address 101 W 90th St. Apt. # 22-E

City State Zip Code
New York NY 10024-1274

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

Name of Employer Occupation
HORACE MANN HIGH SCHOOL, NY, NY HIGH SCHOOL TEACHER

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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.33676

Amount of Each Receipt this Period

25.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ms. Joanne Baldwin

Mailing Address 7600 Ali Drive

City State Zip Code
Lincoln NE 68507-3314

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

Name of Employer Occupation
HERITAGE ADMINISTRATION SERVICES HR DIRECTOR

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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.33715

Amount of Each Receipt this Period

25.00

Contribution

C.

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

Mailing Address 10 Whitcomb Street

City State Zip Code
Belmont MA 02478-1253

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

Name of Employer Occupation
TUFTS UNIVERSITY, MEDFORD, MA ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 378.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.33666

Amount of Each Receipt this Period

42.00

Contribution

SUBTOTAL of Receipts This Page (optional)

92.00

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 / 23
(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. Mary Boice	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 8 Coronado Shrs	Transaction ID: SA11AI.33741
	City State Zip Code Lincoln City OR 97367-5201	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Retired Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Ms. Patricia Carter	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 825 Intervale Road	Transaction ID: SA11AI.33672
	City State Zip Code Bethel ME 04217-4823	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer SAD, Bethel, ME Occupation bus driver Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. William Crotty	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2349 Magazine Street	Transaction ID: SA11AI.33716
	City State Zip Code New Orleans LA 70130-5601	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation retired RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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: (check only one)	PAGE 8 / 23
	<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) Edna Fillingner	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 315 Ray Street	Transaction ID: SA11AI.33703
	City State Zip Code Newcomerstown OH 43832-1247	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) M.D. Thomas Gutheil	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 6 Wellman Street	Transaction ID: SA11AI.33665
	City State Zip Code Brookline MA 02446-2831	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer self Occupation M.D. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Edith Herron	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 36 Park Avenue	Transaction ID: SA11AI.33687
	City State Zip Code Rehoboth Beach DE 19971-2842	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer SELF EMPLOYED Occupation COMPUTER CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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: (check only one)	PAGE 9 / 23
	<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. Betty Holling		Date of Receipt
	Mailing Address 15 Sylvan Avenue		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chelmsford	MA	01824-2327
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation HOMEMAKER	Transaction ID: SA11AI.33663
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="35.00"/>
Contribution			

B.	Full Name (Last, First, Middle Initial) Mr. Austin Lin		Date of Receipt
	Mailing Address 8 Saint Paul Street		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cambridge	MA	02139-2506
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Brookline High School		Occupation Social Worker	Transaction ID: SA11AI.33664
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="25.00"/>
Contribution			

C.	Full Name (Last, First, Middle Initial) Ms. Morgan McBride		Date of Receipt
	Mailing Address 17340 Kennedy Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sonora	CA	95370-8700
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer COLUMBIA COLLEGE, SONORA, CA		Occupation college professor	Transaction ID: SA11AI.33735
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="25.00"/>
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
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 10 / 23

(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 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 Occupation
Retired RETIRED

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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.33734

Amount of Each Receipt this Period

25.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ms. Emily McCoy

Mailing Address P.O. Box 8390

City State Zip Code
Alexandria VA 22306-8390

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

Name of Employer Occupation
MITRE CORP SYSTEM ENGINEER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.33564

Amount of Each Receipt this Period

500.00

Contribution

C.

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 Occupation
Retired retired

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 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.33695

Amount of Each Receipt this Period

25.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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 11 / 23
	<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. Wanda McNeil, Esq.
Mailing Address 2013 Alexander Drive, SE
City Huntsville State AL Zip Code 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 ▼ 225.00
Date of Receipt 10 / 15 / 2008
Transaction ID: SA11AI.33699
Amount of Each Receipt this Period 25.00
Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Karen Roemer
Mailing Address 8510 151st Ave. Apt. # 5-J
City Howard Bach State NY Zip Code 11414-1346
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 01 / 2008
Transaction ID: SA11AI.33502
Amount of Each Receipt this Period 500.00
Contribution

C. Full Name (Last, First, Middle Initial)
Ms. L. Dianne Rubins
Mailing Address 514 Neptune Court
City Napa State CA Zip Code 94558-9670
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Helena Hospital Center, Vallejo, C Occupation Marriage and Family Therapist, License
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 15 / 2008
Transaction ID: SA11AI.33728
Amount of Each Receipt this Period 25.00
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 550.00
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 / 23
(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)
Dr. Geraldine Schechter

Mailing Address 5405 Beech Ave

City State Zip Code
Bethesda MD 20814-1733

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

Name of Employer v.A. Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.33690

Amount of Each Receipt this Period
500.00

Contribution

B.

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

Mailing Address 261 S. Reeves Drive PH1

City State Zip Code
Beverly Hills CA 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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.33719

Amount of Each Receipt this Period
100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Olga Vives

Mailing Address 4220 Campbell Avenue, #620

City State Zip Code
Arlington VA 22206-3426

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

Name of Employer National Organization For Women Occupation Exective VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: SA11AI.33692

Amount of Each Receipt this Period
50.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 13 / 23
	(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)
Dr. Marion Wagner

Mailing Address 4719 Bluffwood Drive N.

City Indianapolis State IN Zip Code 46228-2911

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

Name of Employer Retired Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 15 / 2008

Transaction ID: SA11AI.33704

Amount of Each Receipt this Period 25.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Francis Zuccarello

Mailing Address 24 5th Ave. Apt. # 805

City New York State NY Zip Code 10011-8818

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

Name of Employer Just Add Water, Inc. Occupation Video Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2008

Transaction ID: SA11AI.33633

Amount of Each Receipt this Period 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1025.00
TOTAL This Period (last page this line number only)	▶	3117.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 7006 City Midvale State UT Zip Code 84047 Purpose of Disbursement credit card processing fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.33784 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 4.50 Category/Type: 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 7006 City Midvale State UT Zip Code 84047 Purpose of Disbursement credit card processing fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.33782 Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 5.70 Category/Type: 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 7006 City Midvale State UT Zip Code 84047 Purpose of Disbursement credit card processing fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.33783 Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 82.67 Category/Type: 001 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	92.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 15 / 23

<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.33785 Date of Disbursement
	Mailing Address 10 Glenlake Parkway NE North Tower	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees Candidate Name	<input type="text" value="49.34"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Global STL NDPS	Transaction ID: SB21B.33786 Date of Disbursement
	Mailing Address 10 Glenlake Parkway NE North Tower	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees Candidate Name	<input type="text" value="44.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	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.33787 Date of Disbursement
	Mailing Address 10 Glenlake Parkway NE North Tower	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card processing fees Candidate Name	<input type="text" value="247.84"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="341.98"/>
TOTAL This Period (last page this line number only)	<input type="text" value="434.85"/>

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 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)
ANNE BARTH FOR CONGRESS

Mailing Address POST OFFICE BOX 2151

City CHARLESTON State WV Zip Code 25328

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.33769
Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BAKER FOR CONGRESS

Mailing Address PO BOX 312

City COLUMBIA State MO Zip Code 65205

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MO District: 09

Transaction ID: SB23.33763
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
BECKY GREENWALD FOR CONGRESS

Mailing Address PO BOX 608

City PERRY State IA Zip Code 50220

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 04

Transaction ID: SB23.33774
Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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 17 / 23

<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)
CAROL SHEA-PORTER FOR CONGRESS

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.33753
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT FAYE ARMITAGE FOR CONGRESS

Mailing Address PO BOX 600812

City JACKSONVILLE State FL Zip Code 32260

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 07

Transaction ID: SB23.33747
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
DARCY BURNER FOR CONGRESS

Mailing Address PO BOX 1090

City CARNATION State WA Zip Code 98014

Purpose of Disbursement
Contribution

Candidate Name
DARCY BURNER FOR CONGRESS

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WA District: 08

Transaction ID: SB23.33745
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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 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) Dina Titus for Congress</p> <p>Mailing Address 3711 E Sunset Rd Suite C5</p> <p>City Las Vegas State NV Zip Code 89120</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33757 Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) HAGAN SENATE COMMITTEE INC</p> <p>Mailing Address PO BOX 29103</p> <p>City GREENSBORO State NC Zip Code 27429</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33751 Date of Disbursement 10 / 06 / 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) JEANNE SHAHEEN FOR SENATE</p> <p>Mailing Address PO BOX 1510</p> <p>City MANCHESTER State NH Zip Code 03105</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33749 Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

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<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) JILL DERBY FOR CONGRESS <hr/> Mailing Address PO BOX 1901 <hr/> City MINDEN State NV Zip Code 89423 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33780 Date of Disbursement 10 / 09 / 2008
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KETNER FOR CONGRESS <hr/> Mailing Address 900 Johnnie Dodds Blvd - Suite 201 <hr/> City Mt. Pleasant State SC Zip Code 29464 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33777 Date of Disbursement 10 / 09 / 2008
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA <hr/> Mailing Address PO Box G <hr/> City Flagstaff State AZ Zip Code 86002 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33761 Date of Disbursement 10 / 06 / 2008
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

<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)
KOSMAS FOR CONGRESS

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 24

Transaction ID: SB23.33760
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
KRUPP FOR CONGRESS

Mailing Address 11427 79TH PLACE

City PLEASANT PRAIRIE State WI Zip Code 53158

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WI District: 01

Transaction ID: SB23.33759
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
KRYZAN FOR CONGRESS

Mailing Address P.O. Box 317

City Amherst State NY Zip Code 14226

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 26

Transaction ID: SB23.33762
Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

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)

<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)
LINDA STENDER FOR US CONGRESS

Mailing Address P.O. Box 730

City State Zip Code
Scotch Plains NJ 07076

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.33755
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NEUHARDT FOR CONGRESS

Mailing Address PO BOX 2430

City State Zip Code
SPRINGFIELD OH 45501

Purpose of Disbursement
Contribution

Candidate Name
SHAREN SWARTZ NEUHARDT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 07

Transaction ID: SB23.33752
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
PINGREE FOR CONGRESS

Mailing Address PO Box 17613

City State Zip Code
Portland ME 04112

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ME District: 01

Transaction ID: SB23.33758
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 22 / 23

<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)
TADDEO FOR CONGRESS

Transaction ID: SB23.33764
Date of Disbursement

Mailing Address PO BOX 565388

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

City MIAMI State FL Zip Code 33256

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
ANNETTE TADDEO

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1500.00

**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 23 / 23

<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

Transaction ID: SB29.37266

Date of Disbursement

Mailing Address 1100 H Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

23000.00

Purpose of Disbursement
Transfer

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

23000.00

TOTAL This Period (last page this line number only)

23000.00
