

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

National Organization for Women PAC

ADDRESS (number and street) 1100 H Street, NW

Ste 300

Washington DC 20005

Check if different than previously reported. (ACC)

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

C 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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

01 / 01 / 2015 through 06 / 30 / 2015

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 Linda Berg

Signature of Treasurer Linda Berg [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y

07 / 27 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Organization for Women PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		72341.94
(b) Cash on Hand at Beginning of Reporting Period.....	72341.94	
(c) Total Receipts (from Line 19)	9132.82	9132.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81474.76	81474.76
7. Total Disbursements (from Line 31).....	36610.99	36610.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44863.77	44863.77
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Organization for Women PAC

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

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).....	2005.00	2005.00
(ii) Unitemized	7127.82	7127.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9132.82	9132.82
(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)	9132.82	9132.82
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9132.82	9132.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9132.82	9132.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36610.99	36610.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36610.99	36610.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36610.99	36610.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36610.99	36610.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9132.82	9132.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9132.82	9132.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36610.99	36610.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36610.99	36610.99

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

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

FOR LINE NUMBER: PAGE 6 OF 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Janet Canterbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 10700 SW 90 Ave
 City Miami State FL Zip Code 33176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of miami Occupation dean. medical school
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2015
Transaction ID : SA11AI.7724
 Amount of Each Receipt this Period
 50.00

B. Janet Canterbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 10700 SW 90 Ave
 City Miami State FL Zip Code 33176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of miami Occupation dean. medical school
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.7320
 Amount of Each Receipt this Period
 50.00

C. Janet Canterbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 10700 SW 90 Ave
 City Miami State FL Zip Code 33176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of miami Occupation dean. medical school
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.7321
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7724

391649

Form/Schedule: SA11AI

Transaction ID: SA11AI.7320

391649

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7321

391649

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 9 OF 33
(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

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

Mailing Address 36 Park Avenue

City State Zip Code
Rehoboth Beach DE 19971-2842

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

Name of Employer Occupation
self employed computer consultant

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2015
Transaction ID : SA11AI.7741

Amount of Each Receipt this Period
50.00

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

Mailing Address 36 Park Avenue

City State Zip Code
Rehoboth Beach DE 19971-2842

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

Name of Employer Occupation
self employed computer consultant

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.7394

Amount of Each Receipt this Period
50.00

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

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.7345

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7741

7129521

Form/Schedule: SA11AI

Transaction ID: SA11AI.7394

7129521

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7345

1617604

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Barbara Miller
Full Name (Last, First, Middle Initial)

Mailing Address 24 Northrop Road

City Woodbridge State CT Zip Code 06525-1719

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 25 / 2015
Transaction ID : SA11AI.7373

Amount of Each Receipt this Period
250.00

B. Marcia Niemann
Full Name (Last, First, Middle Initial)

Mailing Address 9322 Creel Creek Dr

City Dallas State TX Zip Code 75228

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 20 / 2015
Transaction ID : SA11AI.7757

Amount of Each Receipt this Period
50.00

C. Marcia Niemann
Full Name (Last, First, Middle Initial)

Mailing Address 9322 Creel Creek Dr

City Dallas State TX Zip Code 75228

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11AI.7464

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7373

9512567

Form/Schedule: SA11AI

Transaction ID: SA11AI.7757

482463

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7464

482463

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Terry O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 8322 N. Brook Lane

City Bethesda	State MD	Zip Code 20814-2613
------------------	-------------	------------------------

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

Name of Employer national organization for women	Occupation president of now
---	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period

100.00

B. Terry O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 8322 N. Brook Lane

City Bethesda	State MD	Zip Code 20814-2613
------------------	-------------	------------------------

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

Name of Employer national organization for women	Occupation president of now
---	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : SA11AI.7718

Amount of Each Receipt this Period

100.00

C. Terry O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 8322 N. Brook Lane

City Bethesda	State MD	Zip Code 20814-2613
------------------	-------------	------------------------

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

Name of Employer national organization for women	Occupation president of now
---	--------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : SA11AI.7753

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7681

10595312

Form/Schedule: SA11AI

Transaction ID: SA11AI.7718

10595312

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.7753
10595312

Form/Schedule:
Transaction ID:

**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 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Terry O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 8322 N. Brook Lane
 City Bethesda State MD Zip Code 20814-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer national organization for women Occupation president of now
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.7456
 Amount of Each Receipt this Period
 100.00

B. Mary Pollock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Prescott Drive
 City East Lansing State MI Zip Code 48823-2446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer state of michigan Occupation labor relations manager
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.7324
 Amount of Each Receipt this Period
 250.00

C. Eleanor Smeal
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 N. Stafford Street, #2230
 City Arlington State VA Zip Code 22203-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer feminist majority foundation Occupation president
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : SA11AI.7463
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7456

10595312

Form/Schedule: SA11AI

Transaction ID: SA11AI.7324

420075

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7463

356741

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 33
(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

Full Name (Last, First, Middle Initial)
A. Linda Tosti-Lane

Mailing Address 3794 232nd Place SW

City Brier State WA Zip Code 98036-8268

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

Name of Employer dshs Occupation social work supervisor

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
04 / 29 / 2015
Transaction ID : SA11AI.7708

Amount of Each Receipt this Period
120.00

Full Name (Last, First, Middle Initial)
B. Linda Tosti-Lane

Mailing Address 3794 232nd Place SW

City Brier State WA Zip Code 98036-8268

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

Name of Employer dshs Occupation social work supervisor

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
05 / 20 / 2015
Transaction ID : SA11AI.7743

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Linda Tosti-Lane

Mailing Address 3794 232nd Place SW

City Brier State WA Zip Code 98036-8268

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

Name of Employer dshs Occupation social work supervisor

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11AI.7397

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	2005.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7708

557546

Form/Schedule: SA11AI

Transaction ID: SA11AI.7743

557546

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7397

557546

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Cook & Company

Mailing Address 600 New Hampshire Ave, NW
#400

City Washington State DC Zip Code 20037

Purpose of Disbursement
subscription

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : **SB21B.7499**

Amount of Each Disbursement this Period

371.00

Full Name (Last, First, Middle Initial)

B. D.C. Treasurer

Mailing Address 1275 K St. NW
#600

City Washington State DC Zip Code 20005

Purpose of Disbursement
SUB tax payment

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : **SB21B.7484**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Don's Buttons

Mailing Address 3906 W. Morrow Drive

City Glendale State AZ Zip Code 85308

Purpose of Disbursement
supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2015

Transaction ID : **SB21B.7548**

Amount of Each Disbursement this Period

273.00

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

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

894.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Organization for Women PAC

Full Name (Last, First, Middle Initial)

A. Gaby Madriz Catering

Mailing Address 1026 Girard St, NE

City Washington State DC Zip Code 20017

Purpose of Disbursement catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2015

Transaction ID : SB21B.7491

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Global STL Global Payments

Mailing Address 10 Glenlake Parkway, NE North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : SB21B.7523

Amount of Each Disbursement this Period

40.43

Full Name (Last, First, Middle Initial)

C. Global STL Global Payments

Mailing Address 10 Glenlake Parkway, NE North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : SB21B.7527

Amount of Each Disbursement this Period

27.50

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

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

367.93

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Global STL Global Payments

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2015

Mailing Address 10 Glenlake Parkway, NE
North Tower

Transaction ID : SB21B.7528

City Atlanta State GA Zip Code 30328

Amount of Each Disbursement this Period

32.80

Purpose of Disbursement
credit card processing fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Global STL Global Payments

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Mailing Address 10 Glenlake Parkway, NE
North Tower

Transaction ID : SB21B.7534

City Atlanta State GA Zip Code 30328

Amount of Each Disbursement this Period

32.79

Purpose of Disbursement
credit card processing fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Global STL Global Payments

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Mailing Address 10 Glenlake Parkway, NE
North Tower

Transaction ID : SB21B.7535

City Atlanta State GA Zip Code 30328

Amount of Each Disbursement this Period

32.90

Purpose of Disbursement
credit card processing fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

98.49

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Global STL Global Payments

Mailing Address 10 Glenlake Parkway, NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : SB21B.7543

Amount of Each Disbursement this Period

102.50

Full Name (Last, First, Middle Initial)

B. Global STL Global Payments

Mailing Address 10 Glenlake Parkway, NE
North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : SB21B.7544

Amount of Each Disbursement this Period

104.79

Full Name (Last, First, Middle Initial)

C. Elisabeth Harper

Mailing Address 1709 Brun Street

City Houston State TX Zip Code 77019

Purpose of Disbursement
travel expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2015

Transaction ID : SB21B.7489

Amount of Each Disbursement this Period

403.96

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

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

611.25

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Patricia Ireland

Mailing Address P.O. Box 1569

City Homestead State FL Zip Code 33090

Purpose of Disbursement
travel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : SB21B.7498

Amount of Each Disbursement this Period

344.20

Category/
Type

Full Name (Last, First, Middle Initial)

B. Jacqueline Kozin

Mailing Address 58 Dennis Drive

City New Britain State CT Zip Code 08053

Purpose of Disbursement
travel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2015

Transaction ID : SB21B.7493

Amount of Each Disbursement this Period

561.42

Category/
Type

Full Name (Last, First, Middle Initial)

C. Jocelyn Morris

Mailing Address PO Box 2112

City Ft. Leonard Wood State MO Zip Code 65473

Purpose of Disbursement
travel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2015

Transaction ID : SB21B.7494

Amount of Each Disbursement this Period

399.00

Category/
Type

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

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

1304.62

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Organization for Women, Inc.

Mailing Address 1100 H Street, NW
Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
payroll reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2015

Transaction ID : SB21B.7513

Amount of Each Disbursement this Period

4742.08

Full Name (Last, First, Middle Initial)

B. National Organization for Women, Inc.

Mailing Address 1100 H Street, NW
Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
payroll reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2015

Transaction ID : SB21B.7512

Amount of Each Disbursement this Period

2371.04

Full Name (Last, First, Middle Initial)

C. National Organization for Women, Inc.

Mailing Address 1100 H Street, NW
Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
payroll reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2015

Transaction ID : SB21B.7511

Amount of Each Disbursement this Period

2371.04

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

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

9484.16

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Organization for Women, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address 1100 H Street, NW
Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
payroll reimbursement

Candidate Name

Category/
Type

Transaction ID : SB21B.7510

Amount of Each Disbursement this Period

2371.04

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. National Organization for Women, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2015

Mailing Address 1100 H Street, NW
Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
payrol; reimbursement

Candidate Name

Category/
Type

Transaction ID : SB21B.7508

Amount of Each Disbursement this Period

2371.04

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. National Organization for Women, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2015

Mailing Address 1100 H Street, NW
Ste 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
payroll reimburtsement

Candidate Name

Category/
Type

Transaction ID : SB21B.7514

Amount of Each Disbursement this Period

16597.28

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

21339.36

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Payment Solutions

Mailing Address PO Box 30217

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	5

Transaction ID : SB21B.7483

Amount of Each Disbursement this Period

1	0	4	.	4	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Payment Solutions

Mailing Address PO Box 30217

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

Transaction ID : SB21B.7486

Amount of Each Disbursement this Period

9	6	.	4	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Payment Solutions

Mailing Address PO Box 30217

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : SB21B.7487

Amount of Each Disbursement this Period

1	0	1	.	8	0
---	---	---	---	---	---

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

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

3	0	2	.	6	0
---	---	---	---	---	---

3	0	2	.	6	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Payment Solutions

Mailing Address PO Box 30217

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7497

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Payment Solutions

Mailing Address PO Box 30217

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7501

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Linda Tosti-Lane

Mailing Address 3794 232nd Place SW

City State Zip Code
Brier WA 98036-8268

Purpose of Disbursement
travel expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.7496

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

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

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
airline ticket/ travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : SB21B.7531

Amount of Each Disbursement this Period

430.20

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
airline fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2015

Transaction ID : SB21B.7552

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

455.20

35576.70