

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 FEB 13 P 1:08

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

WOMEN'S ACTION FOR NEW DIRECTIONS PAC

ADDRESS (number and street) 691 MASSACHUSETTS AVE.

Check if different than previously reported. (ACC)

ARLINGTON MA 02476

2. FEC IDENTIFICATION NUMBER **CITY** **STATE** **ZIP CODE**

000170316 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period 07 / 01 / 2001 through 12 / 31 / 2001

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 SULEYKER WALKER

Signature of Treasurer *Suleyker Walker* Date 1 / 22 / 2002

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 (Revised 1/01)

Write or Type Committee Name

Women's Action for New DIRECTIONS PAC

Report Covering the Period:

From:

12 ' **01** ' **2001**

To:

12 ' **31** ' **2001**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		179,709
(b) Cash on Hand at Beginning of Reporting Period	108,599	
(c) Total Receipts (from Line 18)	467,955	610,825
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	576,454	790,534
7. Total Disbursements (from Line 30)	364,680	578,760
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	211,774	211,774
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	—	



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 202-894-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

WAND PAC

Report Covering the Period:

From:

7 / 01 / 2007

To:

12 / 31 / 2007

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)	700-	
(ii) Unitemized	3970-	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4670-	6095-
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	4670-	6095-
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	855	1325
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	467855	610825
20. Total Federal Receipts (subtract Line 18 from Line 19)	467855	610825

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

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	50-	50-
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	5,144.44	3,044.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5,644.44	3,544.44
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,044.44	5,959.44
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	1,968.00	1,826.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	5,646.80	5,787.60
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	3,646.80	5,787.60
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	4,670-	6,095-
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	4,670-	6,095-
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5,144.44	3,044.44
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 35 from Line 35)		

**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	OF
<input 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 read 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)
WAND PAC

A. Full Name (Last, First, Middle Initial)
CURLEY, MARK H.

Mailing Address
24 YALE AVE.

City
WAKEFIELD State
MA Zip Code
01880

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 ▼
200-

Date of Receipt
9 28 2007

Amount of Each Receipt this Period
200-

B. Full Name (Last, First, Middle Initial)
GATES, SARAH M.

Mailing Address
40 WINCHESTER ST.

City
BROOKLINE State
MA Zip Code
02446

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 ▼
399-

Date of Receipt
8 3 2007

Amount of Each Receipt this Period
300-

C. Full Name (Last, First, Middle Initial)
WENDLINGER, JANET E.

Mailing Address
5783 FLORENCE TERRACE

City
CAULFIELD State
CA Zip Code
94611

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 ▼
200-

Date of Receipt
7 23 2007

Amount of Each Receipt this Period
200-

SUBTOTAL of Receipts This Page (optional) ▶ **700-**

TOTAL This Period (last page this line number only) ▶ **700-**

**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 OF

21b 22 23 24 25
 28 27 28a 28b 28c 29

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NAME OF COMMITTEE (in Full)

A. BARBARA LEE for Congress
 Mailing Address: 1736 Franklin St. #500
 City: Oakland State: CA Zip Code: 94612
 Purpose of Disbursement: Contrib. to Candidate Category/Type: 011
 Candidate Name: Barbara LEE
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: CA District: 9
 Date of Disbursement: 12 26 2001
 Amount of Each Disbursement this Period: 500.-

B. RIVERS for Congress
 Mailing Address: P.O. Box 8293
 City: ANN ARBOR State: MI Zip Code: 48107
 Purpose of Disbursement: Contrib. to Candidate Category/Type: 011
 Candidate Name: LYNN RIVERS
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: MI District: 13
 Date of Disbursement: 12 26 2001
 Amount of Each Disbursement this Period: 1000.-

C. JULIAN DAVIS for Congress
 Mailing Address: P.O. Box 84049
 City: SAN DIEGO State: CA Zip Code: 92138
 Purpose of Disbursement: Contribution to Candidate Category/Type: 011
 Candidate Name: JULIAN DAVIS
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: CA District: 49
 Date of Disbursement: 12 26 2001
 Amount of Each Disbursement this Period: 250.-

SUBTOTAL of Disbursements This Page (optional) 1750.-

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

WAND PAC

Full Name (Last, First, Middle Initial)

A. JACQUES for CONGRESS

Mailing Address

999 GREAT PLAINS AVE.

City

NEEDHAM MA

Purpose of Disbursement

Contrib. to Candidate

Candidate Name

CHERYL JACQUES

011
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **MA**

District: **9TH**

Date of Disbursement

12 28 2001

Amount of Each Disbursement this Period

1,000 -

Full Name (Last, First, Middle Initial)

B. CLARK for Congress

Mailing Address

P.O. Box 4009

City

PORTSMOUTH NH 03802

Purpose of Disbursement

Primary

Candidate Name

MARTHA FULLER CLARK

011
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **NH**

District: **1**

Date of Disbursement

12 28 2001

Amount of Each Disbursement this Period

500 -

Full Name (Last, First, Middle Initial)

C. WATSON for Congress

Mailing Address

601 S. GLEN OAKS Blvd. #811

City

CHURCH CA 91502

Purpose of Disbursement

Contrib. to Candidate

Candidate Name

LIANE WATSON

011
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: **CA**

District: **32**

Date of Disbursement

12 26 2001

Amount of Each Disbursement this Period

250 -

SUBTOTAL of Disbursements This Page (optional)

1,750 -

TOTAL This Period (last page this line number only)

3,500 -

**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	OF
<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 type="checkbox"/> 29		

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NAME OF COMMITTEE (In Full)
WAND PAC

A. CARSON for CONGRESS

Full Name (Last, First, Middle Initial): **Carson for Congress**

Date of Disbursement: **08/27/2007**

Mailing Address: **P.O. Box 5811**

City: **FORT SMITH** State: **AR** Zip Code: **72913**

Purpose of Disbursement: **In-kind Cont.** Category/Type: **011**

Candidate Name: **Carson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **AR** District: **3**

Amount of Each Disbursement this Period: **12748**

B. CLARK for CONGRESS

Full Name (Last, First, Middle Initial): **Clark for Congress**

Date of Disbursement: **08/27/2007**

Mailing Address: **P.O. Box 4009**

City: **PORTSMOUTH NH** State: **NH** Zip Code: **03801**

Purpose of Disbursement: **In-kind Contrib.** Category/Type: **011**

Candidate Name: **MARION FULLER CLARK**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NH** District: **1**

Amount of Each Disbursement this Period: **12748**

C. CHELLIE PINGREE for U.S. SENATE

Full Name (Last, First, Middle Initial): **Chellie Pingree for U.S. Senate**

Date of Disbursement: **08/27/2007**

Mailing Address: **P.O. Box 7878**

City: **PORTLAND** State: **ME** Zip Code: **04112**

Purpose of Disbursement: **IN KIND Contrib.** Category/Type: **011**

Candidate Name: **CHELLIE PINGREE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ME** District:

Amount of Each Disbursement this Period: **12748**

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (in Full)

WAND PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

10/10/07

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

132.00

Full Name (Last, First, Middle Initial)

B.

Cheryl Jacques to Congress

Mailing Address

779 Great Plain Ave.

City

State

Zip Code

NEEDHAM MA 02493

Purpose of Disbursement

In kind contrib.

Candidate Name

Cheryl Jacques

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

airfare for K. Robson

Mailing Address

to work on Campaign

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

10/10/07

Amount of Each Disbursement this Period

514.44

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

FED. IN KIND

514.44

NON-FEDERAL

**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		OF				
<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 type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
WANO

A.

Full Name (Last, First, Middle Initial)
MARTORIE DECKER

Date of Disbursement
10 12 2001

Mailing Address
55 MAGAZINE ST. APT 55

City
CAMBRIDGE MA State *MA* Zip Code *02139*

Purpose of Disbursement
In kind Contrib.

Candidate Name
MARTORIE DECKER

Category/Type
003

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *CITY COUNCIL, CAMBRIDGE MA*

State: _____ District: _____

Amount of Each Disbursement this Period
50.-

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) *NON FED. IN KIND.* *50.-*

MEMO

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 OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f	<input type="checkbox"/> 11g
<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)
WAND PAC

A. Full Name (Last, First, Middle Initial)
CREMENS, J. ELIZABETH

Date of Receipt
08 / 07 / 2000

Mailing Address
39 JACKSON

Amount of Each Receipt this Period
25-

City
MEDFORD State
MA Zip Code
02155

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date 25-

B. Full Name (Last, First, Middle Initial)
MIRANDA BARBARA

Date of Receipt
8 / 07 / 2001

Mailing Address
22 MURTEE ST.

Amount of Each Receipt this Period
50-

City
BELMONT State
MA Zip Code
02478

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date 50-

C. Full Name (Last, First, Middle Initial)
COPLIDGE, CAROL

Date of Receipt
8 / 09 / 2001

Mailing Address
18 STEVENS TERR.

Amount of Each Receipt this Period
25-

City
ARLINGTON State
MA Zip Code
02478

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)
Aggregate Year-to-Date 25-

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

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

MEMO

Use separately schedule(s) for each category of the Detailed Summary Page		FORM LINE NUMBER: (check only one)		PAGE OF	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
WAND PAC

A. Full Name (Last, First, Middle Initial)
COOK, SHEILA R

Mailing Address
34 FOLLEN ST.

City **CAMBRIDGE** State **MA** Zip Code **02138**

FEC ID number of contributing federal political committee
C

Name of Employer
RETIREED

Date of Receipt
8/28/2007

Amount of Each Receipt This Period
1000-

Receipt For:
 Primary General
 Other (specify) **to CARON for Congress**

Aggregate Year-to-Date
1000-

B. Full Name (Last, First, Middle Initial)
COOK, SHEILA R

Mailing Address
34 FOLLEN ST.

City **CAMBRIDGE, MA** State **MA** Zip Code **02138**

FEC ID number of contributing federal political committee
C

Name of Employer
Retired

Date of Receipt
8/28/2007

Amount of Each Receipt This Period
1000-

Receipt For:
 Primary General
 Other (specify) **Martha Fuller for Congress**

Aggregate Year-to-Date
2000-

C. Full Name (Last, First, Middle Initial)
COOK, SHEILA R

Mailing Address
34 Follen St.

City **Cambridge** State **MA** Zip Code **02138**

FEC ID number of contributing federal political committee
C

Name of Employer
retired

Date of Receipt
8/28/2007

Amount of Each Receipt This Period
1000-

Receipt For:
 Primary General
 Other (specify) **C. PINGREE for US Senate**

Aggregate Year-to-Date
3000-

SUBTOTAL of Receipts This Page (optional) _____

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

(MEMO)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FEB LINE NUMBER:		PAGE		OF
	(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
WAND PAC

A. Full Name (Last, First, Middle Initial)
COOK SHEILA B.

Mailing Address
24 FOLLEN ST.

City **CAMBRIDGE** State **MA** Zip Code **02138**

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

Date of Receipt
8 22 2007

Amount of Each Receipt this Period
1000-

Name of Employer
Retired

Occupation
Retired

Aggregate Year-to-Date
4000-

Receipt For:
 Primary General
 Other (specify) **CHARLY JACQUES for Congress**

Date of Receipt

Amount of Each Receipt this Period

B. Mailing Address

City State Zip Code

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

Name of Employer

Occupation

Aggregate Year-to-Date

Receipt For:
 Primary General
 Other (specify)

Date of Receipt

Amount of Each Receipt this Period

C. Mailing Address

City State Zip Code

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

Name of Employer

Occupation

Aggregate Year-to-Date

Receipt For:
 Primary General
 Other (specify)

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

MEMO

**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	OF
	<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

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)
WAND PAC

A. CREMINO, J. ELIZABETH
Full Name (Last, First, Middle Initial)

Mailing Address: **34 JACKSON**
City: **MEDFORD** State: **MA** Zip Code: **02155**

Date of Disbursement: **8/01/2001**

Purpose of Disbursement: **earmarked for Candidate**
Candidate Name: **Committee to Elect CHERYL JAQUES** Category/Type:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **MA** District: **9**

Amount of Each Disbursement this Period: **25-**

B. MIRANDA, BARBARA
Full Name (Last, First, Middle Initial)

Mailing Address: **88 MYRTLE ST.**
City: **BELMONT** State: **MA** Zip Code: **02478**

Date of Disbursement: **11/01/2001**

Purpose of Disbursement: **earmarked for Candidate**
Candidate Name: **Cheryl Jaques for Congress** Category/Type:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **MA** District: **9**

Amount of Each Disbursement this Period: **50-**

C. COOLIDGE, CAROL
Full Name (Last, First, Middle Initial)

Mailing Address: **18 STEVENS TERR.**
City: **ARLINGTON** State: **MA** Zip Code: **02478**

Date of Disbursement: **8/09/2001**

Purpose of Disbursement: **earmarked for Candidate**
Candidate Name: **Cheryl Jaques for Congress** Category/Type:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **MA** District: **9**

Amount of Each Disbursement this Period: **25-**

SUBTOTAL of Disbursements This Page (optional) _____ ▶

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

MEMO

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	OF
	<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 type="checkbox"/> 29		

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NAME OF COMMITTEE (In Full)
WAND PAC

A. Full Name (Last, First, Middle Initial) COOK, SHEILA G. Date of Disbursement 8 28 2001

Mailing Address 34 FOLLEN ST.

City CAMBRIDGE MA State MA Zip Code 02138

Purpose of Disbursement Permitted for Candidate Category/Type

Candidate Name To CARSON for Congress

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: AR District: 3

Amount of Each Disbursement this Period 1000-

B. Full Name (Last, First, Middle Initial) COOK, SHEILA G. Date of Disbursement 8 28 2001

Mailing Address 34 Follen St.

City Cambridge MA State MA Zip Code 02138

Purpose of Disbursement Permitted for Candidate Category/Type

Candidate Name MARTHA FULLER for CONG.

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: NH District: 1

Amount of Each Disbursement this Period 1000-

C. Full Name (Last, First, Middle Initial) Cook, Sheila G. Date of Disbursement 8 28 2001

Mailing Address 34 Follen St.

City Cambridge, MA State MA Zip Code 02138

Purpose of Disbursement Permitted for Candidate Category/Type

Candidate Name C. PINGREE for US SENATE

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: ME District:

Amount of Each Disbursement this Period 1000-

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

MEMO

**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 <u> </u> OF <u> </u>
	<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 type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)
Ward PAC

Full Name (Last, First, Middle Initial) A. <u>COOK SHEILA G.</u>	Date of Disbursement <u>8 28 2001</u>
Mailing Address <u>34 Follen St.</u>	Amount of Each Disbursement this Period <u>1000</u>
City <u>Cambridge</u> State <u>MA</u> Zip Code <u>02138</u>	
Purpose of Disbursement <u>Paraphed for Candidate</u>	Category/Type <input type="checkbox"/>
Candidate Name <u>CHERYL JACQUES for Congress</u>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>	
State: <u>MA</u> District: <u>9</u>	

B. Full Name (Last, First, Middle Initial)	Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Disbursement this Period <input type="text"/>
City _____ State _____ Zip Code _____	
Purpose of Disbursement	Category/Type <input type="checkbox"/>
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>	
State: _____ District: _____	

C. Full Name (Last, First, Middle Initial)	Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount of Each Disbursement this Period <input type="text"/>
City _____ State _____ Zip Code _____	
Purpose of Disbursement	Category/Type <input type="checkbox"/>
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>	
State: _____ District: _____	

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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