22037804003

RECEIVED
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2002 OCT 22 A 10 42

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW, Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02 — PAGE — OF

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Robert Torricelli (U.S. Senate, New Jersey)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Bill Bradbury (U.S. Senate, Oregon)
Shari Lewis c/o NARAL 1156 15th Street NW, Suite 700 Washington, DC 20005	Staff time paid for web postings	9/16/02	$13.00	✔		Tom Strickland (U.S. Senate, Colorado)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Karsa Johnson

SIGNATURE (multi-page filers, sign page 1 only) — DATE 10/15/02

KARSA JOHNSON

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5
(Revised 1/2001)
FE1AN051.PDF

22037804004

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ Check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02 — PAGE 1 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Blairmaire Communications 1890 Preston White Drive, Suite 105 Reston, VA 20191	List Rental	8/27/02	$9,099.80	✔		Tom Harkin (U.S. Senate, Iowa)
Opinion Dynamics 906 Rio Grande Street Austin, TX 78701	List Rental	9/27/02	$1,507.15	✔		Ron Kirk (U.S. Senate, Texas)
Mel Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Tom Strickland (U.S. Senate, Colorado)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 11,054.02

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FE1AN05s.PDF

22037804005

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes).

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Tom Harkin (U.S. Senate, Iowa)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Paul Wellstone (U.S. Senate, Minnesota)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Jean Carnahan (U.S. Senate, Missouri)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 (Local 202-694-1100)

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FEC FORM 5
(Revised 1/2001)
FEFAN051.PDF

22037804006

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is this filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate bracket)

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 3 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Jeanne Shaheen (U.S. Senate, New Hampshire)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Max Cleland (U.S. Senate, Georgia)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Ron Kirk U.S. Senate, Texas)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5
(Revised 1/2001)
FE1A051.PDF

22037804007

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW, Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.
Type of Election — Date of Election — State

☐ 30-Day Report following the General Election.
Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 4 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Robert Torricelli (U.S. Senate, New Jersey)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Bill Bradbury (U.S. Senate, Oregon)
Shari Lewis c/o NARAL 1156 15th Street NW, Suite 700 Washington, DC 20005	Staff time paid for web postings	9/16/02	$13.00	✔		Tom Strickland (U.S. Senate, Colorado)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20__ __

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5

(Revised 1/2001)

FE1AH25x.PDF

22037804008

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERED PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 5 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Shari Lewis c/o NARAL 1156 15th Street NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Stanley Tashi Matsunaka (U.S. House, CO, District 4
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Ron Kirk (U.S. Senate, Texas)
Mel Warnock & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.55	✔		Tom Strickland (U.S. Senate, Colorado)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

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TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

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My Commission Expires _____

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FEC FORM 5
(Revised 1/2001)
FE1A001.PDF

22037804009

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
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City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
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☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election — Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 6 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mel Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Tom Harkin (U.S. Senate, Iowa)
Mel Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Paul Wellstone (U.S. Senate, Minnesota)
Mel Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Jean Carnahan (U.S. Senate, Missouri)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

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TYPE OR PRINT NAME OF PERSON COMPLETING FORM

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My Commission Expires _____

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FEC FORM 5
(Revised 1/2001)
FE1/F001.PDF

22037804010

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
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2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
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(a) ☐ April 15 Quarterly Report
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☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

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(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 7 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
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Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Max Cleland (U.S. Senate, Georgia)
Mal Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Ron Kirk U.S. Senate, Texas)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

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TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202 694-1100

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(Revised 1/2001)

FE1AN05.PDF

22037804011

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW, Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02 — PAGE 8 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mel Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Robert Torricelli (U.S. Senate, New Jersey)
Mel Warwick & Associates 2550 Ninth St., Suite 103 Berkeley, California 94710	Printing & Typesetting	9/25/02	$10.53	✔		Bill Bradbury (U.S. Senate, Oregon)
Sheri Lewis c/o NARAL 1156 15th Street NW, Suite 700 Washington, DC 20005	Staff time paid for web postings	9/16/02	$13.00	✔		Tom Strickland (U.S. Senate, Colorado)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FE5AN05.PDF

22037804012

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02 — PAGE 9 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Shari Lewis c/o NARAL 1156 15th Street NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Ron Kirk (U.S. Senate, TX)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Ron Chapman (U.S. House, TX, 5)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Roger Kahn (U.S. House, GA, 11)

8. TOTAL CONTRIBUTIONS (multi-page filers, enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers, enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Federal Election Commission
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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FE1AN051.PDF

22037804013

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 11 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Tom Harkin (U.S. Senate, IA)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Paul Wellstone (U.S. Senate, Minnesota)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Bill Luther (U.S. House, MN. 2)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ .....

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers, sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5
(Revised 1/2001)
FE1/H051.PDF

22037804014

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election — Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 11 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Jean Carnahan (U.S. Senate, MO)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Jeanne Shaheen (U.S. Senate, NH)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700	Staff Time for Web Postings	9/16/02	$13.00	✔		Martha Fuller Clark (U.S. House, NH, 1)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

NOTE: Subsidiaries of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 45/g.

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FI1AR051.PDF

22037804015

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW, Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election — Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. — Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 12 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Sean Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Erskine Bowles (U.S. Senate, NC)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Bill Bradbury (U.S. Senate, Oregon)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff time paid for web postings	9/16/02	$13.00	✔		Alex Sanders (U.S. Senate, SC)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers, sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FE1N051.PDF

22037804016

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) [ ] check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? [✓] Yes [ ] No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[✓] October 15 Quarterly Report
[ ] January 31 Year-End Report
[ ] July 31 Mid-Year Report

[ ] 12-Day Report preceding the election. Type of Election — Date of Election — State

[ ] 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes [ ] No [✓]

5. COVERING PERIOD FROM 7/1/02 THROUGH 9/30/02

PAGE 13 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Shari Lewis c/o NARAL 1156 15th Street NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✓		Tom Strickland (U.S. Senate, CO)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✓		Stanley Toshi Matsunaka U.S. House, CO, 4)
Shari Lewis c/o NARAL 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✓		Michael Francis Feeley (U.S. House, CO, 7)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FC1AN001.PDF

22037804017

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 7/1/02 THROUGH 9/30/02

PAGE 14 OF 14

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Sean Lewis chemistry 1156 15th St. NW, Suite 700 Washington, DC 20005	Staff Time for Web Postings	9/16/02	$13.00	✔		Max Cleland (U.S. Senate, GA)

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires _____

_____ (Notary Public)

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Washington, D.C. 20463
Toll Free 800-424-9530 (press 2) 202-694-1100

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FEC FORM 5

(Revised 1/2001)

FE1AN001.PDF

22037804018

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 10/16/09
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER — DATE PREPARED 10/22/09

(6/2000)