REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL ROOM

2002 APR 24 A 11: 28

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 1/1/02 THROUGH 3/31/02

PAGE 1 OF 3

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
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Salary	1/14/02	$841.60	✔		Tom Strickland (U.S. Senate, CO)
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Salary	1/14/02	$575.70	✔		Tom Strickland (U.S. Senate, CO)
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Travel and Meal Reimbursement	1/14/02	$222.48	✔		Tom Strickland (U.S. Senate, CO)

a. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ 0.00

b. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 8 362.63

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
KARISA JOHNSON

SIGNATURE (multi-page filers: sign page 1 only) DATE
4/15/02

Subscribed and sworn to before me this 15 day of April 2002

My Commission Expires September 30, 2002

My Commission Expires

(Notary Public)

NOTE: Submission of false, fraudulent 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)
FE1AN001 PDF

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL ROOM

2002 APR 24 A 11: 28

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 1/1/02 THROUGH 3/31/02

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
Ridder/Braden, Inc. 1900 Grant Street, Suite 1170 Denver, CO 80203	Polling and Focus Groups	1/14/02	$2,500.00	✔		Tom Strickland (U.S. Senate, CO)
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Travel and Meal Reimbursement	3/5/02	$519.32	✔		Tom Harkin (U.S. Senate, IA)
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Travel and Meal Reimbursement	2/14/02	$1,503.96	✔		Paul Wellstone (U.S. Senate, MN)

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

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)
FE1AH061.PDF

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL ROOM

2002 APR 24 A 11: 28

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 1/1/02 THROUGH 3/31/02 PAGE 3 OF 3

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
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Travel and Meal Reimbursement	3/7/02	$1,155.71	✔		Jean Carnahan (U.S. Senate, MO)
Deryck Spooner c/o NARAL 1156 15th Street NW Suite 700 Washington, DC 20005	Travel and Meal Reimbursement	2/27/02	$1,043.86	✔		Jeanne Shaheen (U.S. Senate, NH)

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, inaccurate 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)

PE1AN551.PDF

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
☑	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	

[illegible]	4-24-02
PREPARER	DATE PREPARED

(6/2000)