22037872027

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:05

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

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.
☑ 30-Day Report following the General Election.

| Type of Election | Date of Election | State |
|---|---|---|
| General | 11/5/02 | DC |

| Date of Election | State |
|---|---|
| | |

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 1 OF 34

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 |
|---|---|---|---|---|---|---|
| Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910 | Phone Banks | 10/25/02 | $14,579.20 | ✔ | | Alex Sanders Senate SC SEN |
| Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910 | Phone Banks | 11/04/02 | $5,190.90 | ✔ | | Alex Sanders Senate SC SEN |
| Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910 | Phone Banks | 10/28/02 | $5,844.00 | ✔ | | Jeanne Shaheen Senate NH SEN |

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

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 722,466.74

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 9 U.S.C. 437g

For further information contact:
Federal Election Commission
200 E Street, N.W.
Washington, D.C. 20463
Tel Free 800-424-5530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person on 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)

*Exhibit PDF

22037872028

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

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

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 10/17/02 THROUGH 11/25/02



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 |
|---|---|---|---|---|---|---|
| Crounse Meachow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005 | Direct Mail | 10/23/02 | $27,745.24 | ✔ | | Jeanne Shaheen Senate NH SEN |
| Crounse Meachow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005 | Direct Mail | 10/28/02 | $26,925.68 | ✔ | | Jeanne Shaheen Senate NH SEN |
| Crounse Meachow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005 | Direct Mail | 10/23/02 | $24,106.52 | ✔ | | Jeanne Shaheen Senate NH SEN |

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, fictitious or fraudulent 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**
(Rev. 8/02 1/2001)
FEC FORM 5.PDF

22037872029

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

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

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 10/17/02 THROUGH 11/25/02

PAGE 3 OF 34

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 |
|---|---|---|---|---|---|---|
| Crounse Malchow Schlackman & Hoppey<br>1101 14th Street, 3rd Floor<br>Washington, DC 20005 | Direct Mail | 10/28/02 | $24,794.00 | ✔ | | Erskine Bowles<br>Senate<br>NC SEN |
| Crounse Malchow Schlackman & Hoppey<br>1101 14th Street, 3rd Floor<br>Washington, DC 20005 | Direct Mail | 10/28/02 | $25,307.68 | ✔ | | Erskine Bowles<br>Senate<br>NC SEN |
| Crounse Malchow Schlackman & Hoppey<br>1101 14th Street, 3rd Floor<br>Washington, DC 20005 | Direct Mail | 10/28/02 | $24,870.78 | ✔ | | Jeanne Shaheen<br>Senate<br>NH SEN |

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)

WARNING: Submission of false, fictitious or fraudulent 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)
FE5ANG1.PDF

22037872030

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FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

# 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, Inc.

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.
☐ 30-Day Report following the General Election.

| Type of Election | Date of Election | State |
|---|---|---|
| | | |

| Date of Election | State |
|---|---|
| | |

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 4 OF 34

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 |
|---|---|---|---|---|---|---|
| Mission Control, Inc.<br>201 Adams St<br>Manchester, CT 06040 | Direct Mail | 10/28/02 | $34,077.25 | ✔ | | Frank Lautenberg<br>Senate<br>NJ SEN |
| Crounse Malchow Schlackman & Hoppey<br>1101 14th Street, 3rd Floor<br>Washington, DC 20005 | Direct Mail | 10/28/02 | $19,780.25 | ✔ | | Paul Wellstone<br>Senate<br>MN SEN |
| Crounse Malchow Schlackman & Hoppey<br>1101 14th Street, 3rd Floor<br>Washington, DC 20005 | Direct Mail | 10/28/02 | $1,500.00 | ✔ | | Paul Wellstone<br>Senate<br>MN SEN |

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:
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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)

22037872031

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11: 06

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

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 10/17/02 THROUGH 11/25/02

PAGE 5 OF 34

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 |
|---|---|---|---|---|---|---|
| Bates-Neimand<br>1025 Vermont Ave NW, Ste 830<br>Washington, DC 20005 | Direct Mail | | $41,266.97 | ✔ | | Ron Kirk<br>Senate<br>TX SEN |
| Bates-Neimand<br>1025 Vermont Ave NW, Ste 830<br>Washington, DC 20005 | Direct Mail | 10/25/02 | $39,998.72 | ✔ | | Ron Kirk<br>Senate<br>TX SEN |
| Mission Control, Inc.<br>201 Adams St<br>Manchester, CT 06040 | Direct Mail | 10/31/02 | $31,077.12 | ✔ | | Frank Lautenberg<br>Senate<br>NJ SEN |

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 funding, 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, misleading or incomplete information may subject the person signing this report to penalties at 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)
FE1N051.PDF

22037872032

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:06

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

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 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 10/17/02 THROUGH 11/25/02



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 |
|---|---|---|---|---|---|---|
| Mission Control, Inc.<br>201 Adams St<br>Manchester, CT 06040 | Direct Mail | - | $83,364.48 | ✔ | | Frank Lautenberg<br>Senate<br>NJ SEN |
| Mission Control, Inc.<br>201 Adams St<br>Manchester, CT 06040 | Direct Mail | 10/28/02 | $29,481.00 | ✔ | | Alex Sanders<br>Senate<br>SC SEN |
| Bates-Neimand<br>1025 Vermont Ave NW, Ste 830<br>Washington, DC 20005 | Direct Mail | 10/10/02 | $21,131.75 | ✔ | | Ron Kirk<br>Senate<br>TX |

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, and at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do 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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For further information, contact:
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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)
FE1A031.PDF

22037872033

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

# 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, Inc.

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 10/17/02 THROUGH 11/25/02

PAGE 7 OF 34

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 |
|---|---|---|---|---|---|---|
| Precision Communications<br>8601 Georgia Ave, Ste 806<br>Silver Spring, MD 20910 | Phone Banks | | $12,658.80 | ✔ | | Jeanne Shaheen<br>Senate<br>NH SEN |
| Precision Communications<br>8601 Georgia Ave, Ste 806<br>Silver Spring, MD 20910 | Phone Banks | 11/04/02 | $2,459.60 | ✔ | | Jeanne Shaheen<br>Senate<br>NH SEN |
| Landmark Strategies<br>6225 Brandon Ave, Ste 305<br>Springfield, VA 22150 | Phone Banks | 10/31/02 | $14,514.87 | ✔ | | Max Cleland<br>Senate<br>GA SEN |

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)

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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)
FE1AM51.PDF

22037872034

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11: 06

# 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, Inc

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 10/17/02 THROUGH 11/25/02

PAGE 6 OF 34

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 |
|---|---|---|---|---|---|---|
| Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150 | Phone Banks | 11/03/02 | $9,224.56 | ✔ | | Max Cleland Senate GA SEN |
| Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150 | Phone Banks | 11/04/02 | $11,458.35 | ✔ | | Max Cleland Senate GA SEN |
| Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150 | Phone Banks | 10/18/02 | $20,490.36 | ✔ | | Ron Kirk Senate TX SEN |

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 make the financial, 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)

NOTICE: 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 sold or used by any person for the purposes of soliciting contributions or for any 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)
FEC 4000 (1/02)

22037872035

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

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

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 10/17/02 THROUGH 11/25/02

PAGE 8 OF 34

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 |
|---|---|---|---|---|---|---|
| Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910 | Phone Banks | | $33,415.60 | ✔ | | Frank Lautenberg Senate NJ SEN |
| Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910 | Phone Banks | 10/26/02 | $10,143.20 | ✔ | | Frank Lautenberg Senate NJ SEN |
| Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910 | Phone Banks | 11/04/02 | $10,159.60 | ✔ | | Frank Lautenberg Senate NJ SEN |

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 received herein may not be sold 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)

FEC 5 (v1.1) PDF

22037872036

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11: 06

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

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 10/17/02 THROUGH 11/25/02

PAGE 10 OF 34

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 |
|---|---|---|---|---|---|---|
| Landmark Strategies<br>6225 Brandon Ave, Ste 305<br>Springfield, VA 22150 | Phone Banks | 10/26/02 | $14,959.44 | ✔ | | Erskine Bowles<br>Senate<br>SC SEN |
| Landmark Strategies<br>6225 Brandon Ave, Ste 305<br>Springfield, VA 22150 | Phone Banks | 11/03/02 | $4,624.00 | ✔ | | Erskine Bowles<br>Senate<br>SC SEN |
| Landmark Strategies<br>6225 Brandon Ave, Ste 305<br>Springfield, VA 22150 | Phone Banks | 11/04/02 | $6,298.20 | ✔ | | Erskine Bowles<br>Senate<br>SC SEN |

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 202-694-5100

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)

FEC/A/001 PDF

22037872037

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

# 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, Inc.

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 10/17/02 THROUGH 11/25/02

PAGE 11 OF 34

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 |
|---|---|---|---|---|---|---|
| Landmark Strategies<br>6225 Brandon Ave, Ste 305<br>Springfield, VA 22150 | Phone Banks | 10/30/02 | $8,271.30 | ✔ | | Bill Luther<br>House<br>MN 02 |
| Landmark Strategies<br>6225 Brandon Ave, Ste 305<br>Springfield, VA 22150 | Phone Banks | 11/03/02 | $836.45 | ✔ | | Bill Luther<br>House<br>MN 02 |
| Winning Connections<br>317 Pennsylvania Ave SE, 2nd Floor<br>Washington, DC 20003 | Phone Banks | 10/25/02 | $8,356.65 | ✔ | | Jean Carnahan<br>Senate<br>MO SEN |

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 furnished rates may not be used for any commercial purpose 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)

FE5Ind01.PDF

22037872038

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

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

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 10/17/02 THROUGH 11/25/02

PAGE 12 OF 34

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 |
|---|---|---|---|---|---|---|
| Winning Connections<br>317 Pennsylvania Ave SE, 2nd Floor<br>Washington, DC 20003 | Phone Banks | 10/29/02 | $14,112.55 | ✔ | | Jean Carnahan<br>Senate<br>MO SEN |
| Winning Connections<br>317 Pennsylvania Ave SE, 2nd Floor<br>Washington, DC 20003 | Phone Banks | 11/02/02 | $19,037.25 | ✔ | | Jean Carnahan<br>Senate<br>MO SEN |
| Winning Connections<br>317 Pennsylvania Ave SE, 2nd Floor<br>Washington, DC 20003 | Phone Banks | 11/04/02 | $4,792.70 | ✔ | | Jean Carnahan<br>Senate<br>MO SEN |

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 material 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, acquiesce 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)

FEC/FORM 5

22037872039

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

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

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 (mark 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 10/17/02 THROUGH 11/25/02



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 |
|---|---|---|---|---|---|---|
| Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003 | Phone Banks | 10/25/02 | $6,157.90 | ✔ | | Tom Strickland Senate CO SEN |
| Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003 | Phone Banks | 11/02/02 | $5,035.50 | ✔ | | Tom Strickland Senate CO SEN |
| Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003 | Phone Banks | 11/04/02 | $17,895.90 | ✔ | | Tom Strickland Senate CO SE |

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 material 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 5 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 used 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)

FEC/NRC-5F

22037872040

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

# 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, Inc.

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 boxed):

(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 10/17/02 THROUGH 11/25/02

PAGE 14 OF 34

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 |
|---|---|---|---|---|---|---|
| Precision Communications<br>8601 Georgia Ave, Ste 806<br>Silver Spring, MD 20910 | Phone Banks | 10/31/02 | $1,890.40 | ✔ | | Martha Fuller Clark<br>House<br>NH 01 |
| CO NARAL<br>1905 Sherman St., Ste. 210<br>Denver, CO 80203 | Fed. Voter Guide | | $200.78 | ✔ | | Tom Strickland<br>Senate<br>CO SEN |
| CO NARAL<br>1905 Sherman St., Ste. 210<br>Denver, CO 80203 | Fed. Voter Guide | | $200.78 | ✔ | | Stan Matsunaka<br>House<br>CO 04 |

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 5 U.S.C. 437g

Contributor 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)
FE(01/05)

22037872041

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:06

# 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, Inc.

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
C70002781

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 10/17/02 THROUGH 11/25/02

PAGE 15 OF 34

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 |
|---|---|---|---|---|---|---|
| CT NARAL<br>135 Broad St.<br>Hartford, CT 06105 | Fed. Voter Guide | 10/24/02 | $92.67 | ✔ | | John Larson<br>House<br>CT 01 |
| CT NARAL<br>135 Broad St.<br>Hartford, CT 06105 | Fed. Voter Guide | 10/24/02 | $92.67 | ✔ | | Rob Simmons<br>House<br>CT 02 |
| CT NARAL<br>135 Broad St.<br>Hartford, CT 06105 | Fed. Voter Guide | 10/24/02 | $92.67 | ✔ | | Rosa DeLauro<br>House<br>CT 03 |

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 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)
FEC/NCEL PDF

22037872042

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:06

# 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, Inc.

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 10/17/02 THROUGH 11/25/02

PAGE 16 OF 34

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 |
|---|---|---|---|---|---|---|
| GARAL<br>P.O. Box 5589<br>Atlanta, GA 31107 | Fed. Voter Guide | 10/22/02 | $10.99 | ✔ | | Roger Kahn<br>House<br>GA 11 |
| GARAL<br>P.O. Box 5589<br>Atlanta, GA 31107 | Fed. Voter Guide | 10/22/02 | $10.99 | ✔ | | Champ Walker<br>House<br>GA 12 |
| GARAL<br>P.O. Box 5589<br>Atlanta, GA 31107 | Fed. Voter Guide | 10/22/02 | $10.99 | ✔ | | David Scott<br>House<br>GA 13 |

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. §379

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Tel. 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)
FEC/Action FDP

22037872043

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -5 A 11:06

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

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 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 10/17/02 THROUGH 11/25/02

PAGE 17 OF 34

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 |
|---|---|---|---|---|---|---|
| MASS NARAL<br>41 Winter St., Ste. 65<br>Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | John Kerry<br>Senate<br>MA SEN |
| MASS NARAL<br>41 Winter St., Ste. 65<br>Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | John Olver<br>House<br>MA 01 |
| MASS NARAL<br>41 Winter St., Ste. 65<br>Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | McGovern<br>House<br>MA 03 |

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 planning, development, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditure reported herein was 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 sold for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the mailing addresses of any political committee may be used to solicit contributions from that committee.

FEC FORM 5

(Revised 1/2002)

FEC/A/B5.PDF

22037872044

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:06

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

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 10/17/02 THROUGH 11/25/02

PAGE 18 OF 34

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 |
|---|---|---|---|---|---|---|
| MASS NARAL<br>41 Winter St., Ste. 65<br>Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | Barney Frank<br>House<br>MA 04 |
| MASS NARAL<br>41 Winter St., Ste. 65<br>Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | Marty Meehan<br>House<br>MA 05 |
| MASS NARAL<br>41 Winter St., Ste. 65<br>Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | John Tierney<br>House<br>MA 06 |

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 or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do 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 inadequate 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 NW
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information recorded 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)

22037872045

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:06

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

Address (number and street) ☐ check if different than previously reported
1156 15th Sueet 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 10/17/02 THROUGH 11/26/02



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 |
|---|---|---|---|---|---|---|
| MASS NARAL 41 Winter St., Ste 65 Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | Edward Markey House MA 07 |
| MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | Michael Capuano House MA 08 |
| MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108 | Fed. Voter Guide | 10/25/02 | $13.23 | ✔ | | Bill Delahunt House MA 10 |

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 licensing, sponsorship, 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 indecipherable 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 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)
FE1A051.PDF

22037872046

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:06

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

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 a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002751

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 10/17/02 THROUGH 11/25/02

PAGE 20 OF 34

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 |
|---|---|---|---|---|---|---|
| MN NARAL 550 Rice St. St. Paul, MN 55103 | Fed. Voter Guide | 10/23/02 | $82.76 | ✔ | | Paul Wellstone Senate MN SEN |
| MN NARAL 550 Rice St. St. Paul, MN 55103 | Fed. Voter Guide | 10/23/02 | $82.76 | ✔ | | Bill Luther House MN 02 |
| MN NARAL 550 Rice St. St. Paul, MN 55103 | Fed. Voter Guide | 10/23/02 | $82.76 | ✔ | | Betty McCollum House MN 04 |

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, 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, fictitious 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 sold or used 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)
PERMANENT

22037872047

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11: 07

# 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, Inc

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 10/17/02 THROUGH 11/25/02 — PAGE 21 OF 34

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 (Dist-Ins, State) of Federal Candidate |
|---|---|---|---|---|---|---|
| MN NARAL<br>550 Rice St.<br>St. Paul, MN 55103 | Fed. Voter Guide | 10/23/02 | $82.76 | ✔ | | Martin Sabo<br>House<br>MN 05 |
| MO NARAL<br>4144 Lindell, Ste. 505<br>St. Louis, MO 63108 | Fed. Voter Guide | 10/21/2002 | $1,660.96 | ✔ | | Jean Carnahan<br>Senate<br>MO SEN |
| MT NARAL<br>P.O. Box 279<br>Helena, MT 59624 | Fed. Voter Guide | 10/31/2002 | $118.74 | ✔ | | Max Baucus<br>Senate<br>MT SEN |

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, determination, distribution or mailing 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 or sold or used 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)
FEC/ANCM FOR

22037872048

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

# 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, Inc.

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 10/17/02 THROUGH 11/25/02 PAGE 22 OF 34

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 |
|---|---|---|---|---|---|---|
| NARAL NH<br>18 Low Ave.<br>Concord, NH 03301 | Fed. Voter Guide | 10/18/2002 | $89.95 | ✔ | | Jeanne Shaheen<br>Senate<br>NH SEN |
| NARAL NH<br>18 Low Ave<br>Concord, NH 03301 | Fed. Voter Guide | 10/18/2002 | $89.94 | ✔ | | Martha Fuller Clark<br>House<br>NH 01 |
| SD NARAL<br>401 E. 8th St., Ste. 330G<br>Sioux Falls, SD 57103 | Fed. Voter Guide | 09/03/2002 | $44.51 | ✔ | | Stephanie Herseth<br>House<br>SD |

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 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)

22037872049

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:07

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

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 10/17/02 THROUGH 11/25/02

PAGE 23 OF 34

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 |
|---|---|---|---|---|---|---|
| TARAL<br>P.O. Box 684602<br>Austin, TX 78768 | Fed. Voter Guide | | $66.10 | ✔ | | Ron Kirk<br>Senate<br>TX SEN |
| TARAL<br>P.O. Box 684602<br>Austin, TX 78768 | Fed. Voter Guide | | $66.10 | ✔ | | Ron Chapman<br>House<br>TX 05 |
| TARAL<br>P.O. Box 684602<br>Austin, TX 78768 | Fed. Voter Guide | | $66.10 | ✔ | | Lloyd Doggett<br>House<br>TX 10 |

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 fine, penalties or 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 sold or used 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)
REVISED PDF

22037872050

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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 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 10/17/02 THROUGH 11/25/02

PAGE 24 OF 34

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 Bought (District, State) of Federal Candidate |
|---|---|---|---|---|---|---|
| TARAL<br>P.O. Box 684602<br>Austin, TX 78768 | Fed. Voter Guide | | $56.10 | ✔ | | Sheila Jackson Lee<br>House<br>TX 18 |
| TARAL<br>P.O. Box 684602<br>Austin, TX 78768 | Fed. Voter Guide | | $56.10 | ✔ | | Charlie Gonzalez<br>House<br>TX 20 |
| TARAL<br>P.O. Box 684602<br>Austin, TX 78768 | Fed. Voter Guide | | $56.10 | ✔ | | Martin Frost<br>House<br>TX 24 |

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 material 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 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)
FE10/361,PDF

22037872051

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11: 07

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

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 10/17/02 THROUGH 11/25/02 — PAGE 25 OF 34

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 or Federal Candidate) |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.97 | ✓ | | Norris<br>House<br>IA 04 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.38 | ✓ | | Luther<br>House<br>MN 02 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $10.50 | ✓ | | Mondale<br>Senate<br>MN SEN |

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 of, nor in consultation with, or at the request or suggestion of, a candidate or his 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, the independent expenditures reported herein were made on 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 used 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)
-61/N051.PDF

22037872052

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

# 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, Inc.

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 10/17/02 THROUGH 11/25/02

PAGE 26 OF 34

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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.74 | ✔ | | Sumers<br>House<br>NJ 05 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $15.69 | ✔ | | Lautenberg<br>Senate<br>NJ SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $26.11 | ✔ | | Kirk<br>Senate<br>TX SEN |

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, nor 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 or 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, 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 used for any commercial purpose or for 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)
PRINTED: PDF

22037872053

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 10:07

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

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 10/17/02 THROUGH 11/25/02

PAGE 27 OF 34

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 |
|---|---|---|---|---|---|---|
| Gel Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $4.04 | ✔ | | Wofford House PA 05 |
| Gel Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $18.44 | ✔ | | Strickland Senate CO SEN |
| Gel Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.77 | ✔ | | Feeley House CO 07 |

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, fictitious 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 sought for sale or use by any person for the purposes of soliciting contributions or for another 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 12/2001)

FEC/NRA | 575

22037872054

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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 10/17/02 THROUGH 11/25/02

PAGE 29 OF 34

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) or Federal Candidate |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley CA 94705 | E-mail | 11/04/02 | $16.74 | ✔ | | Cleland<br>Senate<br>GA SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.53 | ✔ | | Kahn<br>House<br>GA 11 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.84 | ✔ | | Walker<br>House<br>GA 12 |

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 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 recorded 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)

[illegible]

22037872055

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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 10/17/02 THROUGH 11/25/02 — PAGE 28 OF 34

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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $1.03 | ✔ | | Matsunaka House CO 04 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $4.09 | ✔ | | Sanders Senate SC SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $0.35 | ✔ | | Chapman House TX 05 |

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 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)
FE1000/1 P04

22037872056

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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
☐ 30-Day Report following the General Election.

| Type of Election | Date of Election | State |
|---|---|---|
| | | |

| Date of Election | State |
|---|---|
| | |

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

5. COVERING PERIOD FROM 10/17/02 THROUGH 11/25/02 PAGE 30 OF 34

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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $20.83 | ✔ | | Bowles<br>Senate<br>NC SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $2.72 | ✔ | | Kelley<br>House<br>MI 11 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $30.19 | ✔ | | Bradbury<br>Senate<br>OR SEN |

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 in solicitations from that committee.

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

22037872057

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 DEC -6 A 11:07

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

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 10/17/02 THROUGH 11/25/02



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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 11/04/02 | $28.44 | ✔ | | Carnahan<br>Senate<br>MO SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $16.29 | ✔ | | Lautenberg<br>Senate<br>NJ SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $4.99 | ✔ | | Harkin<br>Senate<br>IA SEN |

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 (in 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 purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to email contributions from that committee.

FEC FORM 5
(Revised 1/2001)
Reset PDF

22037872058

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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 10/17/02 THROUGH 11/25/02



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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $31.87 | ✓ | | Bradbury<br>Senate<br>OR SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/19/02 | $20.95 | ✓ | | Bowles<br>Senate<br>NC SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $4.14 | ✓ | | Sanders<br>Senate<br>SC SEN |

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 make 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, fraudulent or incomplete information may subject the person signing this report to the penalties of 18 U.S.C. 497g.

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 recorded reports 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)
FE1A251.PDF

22037872059

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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.
[ ] 30-Day Report following the General Election

| Type of Election | Date of Election | State |
|---|---|---|
| | | |

| Date of Election | State |
|---|---|
| | |

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 PAGE 32 OF 34

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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $20.27 | ✓ | | Strickland<br>Senate<br>CO SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $4.90 | ✓ | | Wofford<br>House<br>PA 06 |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $33.45 | ✓ | | Kirk<br>Senate<br>TX SEN |

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, NW
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)
FE 5A9057.PDF

22037872060

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC -6 A 11:07

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

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 10/17/02 THROUGH 11/25/02 PAGE 34 OF 34

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 |
|---|---|---|---|---|---|---|
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $21.19 | ✔ | | Cleland<br>Senate<br>GA SEN |
| Get Active<br>2855 Telegraph Ave., Ste 600<br>Berkeley, CA 94705 | E-mail | 10/18/02 | $14.36 | ✔ | | Carnahan<br>Senate<br>MO SEN |
| MD NARAL<br>8121 Georgia Ave, Ste 501<br>Silver Spring, MD 20910 | Internet Services | | $39.00 | ✔ | | Morella<br>House<br>MD 08 |

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

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**FEC FORM 5**
(Revised 1/2001)

22037872061

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 12-6-02 |
| ☐ | 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] | 12-6-02 |
| PREPARER | DATE PREPARED |

(6/2000)