

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

NARAL Pro-Choice America

ADDRESS (number and street)

1156 15th Street NW Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00079541

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Botts

Signature of Treasurer

Electronically Filed by John Botts

Date

07

19

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NARAL Pro-Choice America

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		34087.09
(b) Cash on Hand at Beginning of Reporting Period	117316.67	
(c) Total Receipts (from Line 19)	58957.78	170221.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	176274.45	204308.30
7. Total Disbursements (from Line 31)	40853.64	68887.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	135420.81	135420.81
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NARAL Pro-Choice America

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13375.00	52625.00
(i) Itemized (use Schedule A)	45028.00	115988.17
(ii) Unitemized	58403.00	168613.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	58403.00	168613.17
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	554.78	1608.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58957.78	170221.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58957.78	170221.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		40853.64	68837.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		40853.64	68837.49
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	50.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	50.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		40853.64	68887.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		40853.64	68887.49

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	58403.00	168613.17
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58403.00	168563.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40853.64	68837.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40853.64	68837.49

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

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America

A. Full Name (Last, First, Middle Initial) Carla Cassani Mailing Address 800 Ringwood Ave City Menlo Park State CA Zip Code 94025-2238 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7 Transaction ID: C4335761 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Manuel D. Chrobak Mailing Address 18 Deer Path City Hudson State MA Zip Code 01749-2643 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 7 Transaction ID: C4335698 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) Annette P. Cumming Mailing Address 165 Huckleberry Dr City Jackson State WY Zip Code 83001-9394 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7 Transaction ID: C4335377 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 NARAL Pro-Choice America

A. Full Name (Last, First, Middle Initial)
 Patricia Horing

Mailing Address 17 Pryer Ln

City State Zip Code
 Larchmont NY 10538-4013

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 7

Transaction ID: C4335209

Amount of Each Receipt this Period

600.00

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

Lisa P. Lindelef

Mailing Address 3187 Clay St

City State Zip Code
 San Francisco CA 94115-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: C4335484

Amount of Each Receipt this Period

5000.00

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

Virginia Lowrey Brown

Mailing Address 3115 Noela Dr

City State Zip Code
 Honolulu HI 96815-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 7

Transaction ID: C4335075

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 NARAL Pro-Choice America

Full Name (Last, First, Middle Initial)

A. Virginia Lowrey Brown

Mailing Address 3115 Noela Dr

City State Zip Code
 Honolulu HI 96815-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 0 7

Transaction ID: C4335076

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Mann

Mailing Address 1939 Fireside Dr

City State Zip Code
 Chapel Hill NC 27517-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 4 / 2 0 0 7

Transaction ID: C4335817

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Heidi T. Nicholson

Mailing Address PO Box 504

City State Zip Code
 Saute Nacoché GA 30571-0504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 4 / 2 0 0 7

Transaction ID: C4335349

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America

A. Full Name (Last, First, Middle Initial)
Michelle A. Peacock
Mailing Address 13465 Oak Brook Dr

City State Zip Code
Urbandale IA 50323

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: C4335359

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
Lillian Sizemore
Mailing Address 865 Duncan St

City State Zip Code
San Francisco CA 94131-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 0 7

Transaction ID: C4335508

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Arlene D. Staley
Mailing Address 229 E Lake Shore Drive #9E

City State Zip Code
Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 0 7

Transaction ID: C4334989

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America

A. Full Name (Last, First, Middle Initial)
Lynn G. Thommen

Mailing Address 237 Garfield Pl Apt 2

City State Zip Code
 Brooklyn NY 11215-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Museum

Occupation
Fund Raiser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 5 / 2 0 0 7

Transaction ID: C4335883

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

13375.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America

A.

Full Name (Last, First, Middle Initial)

Allfirst

Mailing Address PO Box 1596

City

Baltimore

State

MD

Zip Code

21203-1596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1608.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 7

Transaction ID: C4336584

Amount of Each Receipt this Period

554.78

*

SUBTOTAL of Receipts This Page (optional)

554.78

TOTAL This Period (last page this line number only)

554.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America

A. Full Name (Last, First, Middle Initial) Allfirst		Transaction ID: D173915 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address PO Box 1596		Amount of Each Disbursement this Period <div>23.26</div>	
City Baltimore	State MD		Zip Code 21203-1596
Purpose of Disbursement Banking Fees			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Allfirst		Transaction ID: D173916 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address PO Box 1596		Amount of Each Disbursement this Period <div>252.59</div>	
City Baltimore	State MD		Zip Code 21203-1596
Purpose of Disbursement Credit Card Processing Fees			<div>Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Donor Services Group		Transaction ID: D173918 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 7</div> </div>	
Mailing Address 11500 West Olympic Boulevard Suite 540		Amount of Each Disbursement this Period <div>2996.37</div>	
City Los Angeles	State CA		Zip Code 90064-1525
Purpose of Disbursement Telemarketing for PAC			<div>003 Category/ Type</div>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<div>3272.22</div>	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

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

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NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial)

A. Donor Services Group

Mailing Address 11500 West Olympic Boulevard
Suite 540

City Los Angeles State CA Zip Code 90064-1525

Purpose of Disbursement
Telemarketing for PAC

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D173920

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

30918.57

Full Name (Last, First, Middle Initial)

B. Donor Services Group

Mailing Address 11500 West Olympic Boulevard
Suite 540

City Los Angeles State CA Zip Code 90064-1525

Purpose of Disbursement
Telemarketing for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D173921

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

6008.68

Full Name (Last, First, Middle Initial)

C. Global Payment Solutions

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117-5134

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D173917

Date of Disbursement

06 / 30 / 2007

Amount of Each Disbursement this Period

262.39

SUBTOTAL of Disbursements This Page (optional)

37189.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

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

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NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America

A. Full Name (Last, First, Middle Initial)
Payment Solutions, Inc.

Mailing Address PO Box 30217

City Bethesda State MD Zip Code 20824-0217

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D173919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

391.78

SUBTOTAL of Disbursements This Page (optional)

391.78

TOTAL This Period (last page this line number only)

40853.64

Image# 27930968070

Form/Schedule:SA17 Interest
Transaction ID: C4336584
