

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 PAC

ADDRESS (number and street) 1156 15th Street NW Suite 700 Check if different than previously reported. (ACC) Washington DC 20005

2. FEC IDENTIFICATION NUMBER C00079541 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2009 through 10 31 2009

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 11 19 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NARAL Pro-Choice America PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3777.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	87125.54									
(c) Total Receipts (from Line 19) .....	170395.42	365332.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	257520.96	369109.63								
7. Total Disbursements (from Line 31) .....	116165.96	227754.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	141355.00	141355.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18631.00	87986.00
(ii) Unitemized .....	151764.42	277330.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	170395.42	365316.42
(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) .....	170395.42	365316.42
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.) .....	0.00	15.94
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)) .....	170395.42	365332.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	170395.42	365332.36

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	115365.96	173904.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	115365.96	173904.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	53000.00
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 .....	800.00	850.00
(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)) .....	800.00	850.00
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))..	116165.96	227754.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116165.96	227754.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	170395.42	365316.42
34. Total Contribution Refunds (from Line 28(d)) .....	800.00	850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	169595.42	364466.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	115365.96	173904.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	115365.96	173904.63

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Appleton

Mailing Address 8385 Scarlet Glen Ct

City State Zip Code  
Millersville MD 21108-2437

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** C5202884

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Lois Arnow

Mailing Address 1064 Hillview Dr

City State Zip Code  
Salt Lake Cty UT 84124-1165

FEC ID number of contributing federal political committee. C

Name of Employer NA      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** C5204362

Amount of Each Receipt this Period  
249.00

**C.** Full Name (Last, First, Middle Initial)  
Abigail Asher

Mailing Address 511 Ave of the Americas

City State Zip Code  
New York NY 10011-8436

FEC ID number of contributing federal political committee. C

Name of Employer Guggenheim Asher Asso      Occupation Art Advisor

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** C5204462

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1499.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NARAL Pro-Choice America PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sandra E Berg

Mailing Address 2109 Pioneer Rd

City State Zip Code  
Evanston IL 60201-2514

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

Name of Employer Occupation  
Saint Francis Hospital Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 9

**Transaction ID:** C5202977

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Elaine A. Bridges

Mailing Address PO Box 3605

City State Zip Code  
San Angelo TX 76902-3605

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

Name of Employer Occupation  
NA Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 9

**Transaction ID:** C5203048

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Brink

Mailing Address 810 West 16th Avenue

City State Zip Code  
Anchorage AK 99501-5018

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

Name of Employer Occupation  
Federal Government Investigator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** C5203053

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 30  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Ellen W Clayton

Mailing Address 504 Fairfax Ave

City State Zip Code  
Nashville TN 37212-4011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
vanderbilt Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 13 / 2009

**Transaction ID:** C5203437

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Michele R Cohen

Mailing Address 16 E 64th St

City State Zip Code  
New York NY 10065-7212

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2009

**Transaction ID:** C5203443

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Michele R Cohen

Mailing Address 16 E 64th St

City State Zip Code  
New York NY 10065-7212

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 28 / 2009

**Transaction ID:** C5204608

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 900.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 9 / 30  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
John C Colman  
Mailing Address 1615 Freesia Ct  
City Highland Park State IL Zip Code 60035-5524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 13 / 2009  
Transaction ID: C5204612  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
James F Crow  
Mailing Address 333 W Main St Unit 206  
City Madison State WI Zip Code 53703-2778  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 23 / 2009  
Transaction ID: C5203472  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Rebecca Crown  
Mailing Address 17 Woodley Rd  
City Winnetka State IL Zip Code 60093-3738  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Lewis University Occupation Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 13 / 2009  
Transaction ID: C5203307  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia Derian	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 211 Friendly Ln	<b>Transaction ID:</b> C5203498
	City State Zip Code Chapel Hill NC 27514-3524	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired      Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Joan W Gillette	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 29 Stanley St	<b>Transaction ID:</b> C5203302
	City State Zip Code New Haven CT 06511-4216	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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

<b>C.</b>	Full Name (Last, First, Middle Initial) Joan W Gillette	Date of Receipt MM / DD / YYYY 10 / 15 / 2009
	Mailing Address 29 Stanley St	<b>Transaction ID:</b> C5203303
	City State Zip Code New Haven CT 06511-4216	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Ann V. Gordon

Mailing Address 1108 Dalebrook Dr

City State Zip Code  
Alexandria VA 22308-2018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
US State Department Diplomat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 02 / 2009

**Transaction ID:** C5205438

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann V. Gordon

Mailing Address 1108 Dalebrook Dr

City State Zip Code  
Alexandria VA 22308-2018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
US State Department Diplomat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2009

**Transaction ID:** C5205437

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Meg Gresham

Mailing Address 235 State St Apt 215

City State Zip Code  
Springfield MA 01103-1741

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mass Mutual Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 21 / 2009

**Transaction ID:** C5206053

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 550.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard A. Gross

Mailing Address 4821 32nd St NW

City Washington State DC Zip Code 20008-2242

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

Name of Employer Property Funding Group Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2009

Transaction ID: C5203211

Amount of Each Receipt this Period 1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth S Hager

Mailing Address 5 Pleasant View Ave

City Concord State NH Zip Code 03301-2555

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

Name of Employer United Way of Merrimack County Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 01 / 2009

Transaction ID: C5205503

Amount of Each Receipt this Period 207.00

**C.**

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

Mailing Address 812 Bushnell Ave

City Rock Springs State WY Zip Code 82901-7204

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

Name of Employer Self-Employed Occupation Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2009

Transaction ID: C5203254

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1957.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Leslie Higgins

Mailing Address 7650 SE 22nd St

City State Zip Code  
Mercer Island WA 98040-2119

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

Name of Employer Occupation  
Self-Employed Marketing

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: C5206107

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David Hirsch

Mailing Address 384 N Kenter Ave.

City State Zip Code  
Los Angeles CA 90049-2338

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

Name of Employer Occupation  
Masco. Senior Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: C5206116

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward Hoffman

Mailing Address 1600 Arch St Apt 1705

City State Zip Code  
Philadelphia PA 19103-2012

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

Name of Employer Occupation  
Blank, Rome Attorney

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C5206126

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Doris Holleb	Date of Receipt MM / DD / YYYY 10 / 14 / 2009
	Mailing Address 2650 Lakeview Ave 4210	<b>Transaction ID:</b> C5206129
	City State Zip Code Chicago IL 60614-1833	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Chicago Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Angela Jolie	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 464 30th St	<b>Transaction ID:</b> C5205749
	City State Zip Code San Francisco CA 94131-2307	Amount of Each Receipt this Period 255.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Kalishman	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 11445 Conway Rd	<b>Transaction ID:</b> C5203291
	City State Zip Code Saint Louis MO 63131-2406	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NA Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	805.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 30  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Carol J. Keith  
 Mailing Address 6572 Sweitz Rd  
 City State Zip Code  
 New Tripoli PA 18066-4123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 10 / 26 / 2009  
**Transaction ID: C5203776**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Knobe  
 Mailing Address 73 Langdon St  
 City State Zip Code  
 Cambridge MA 02138-2501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Computer Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt: 10 / 12 / 2009  
**Transaction ID: C5205202**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeanne K. Krieger  
 Mailing Address 44 Webster Rd  
 City State Zip Code  
 Lexington MA 02421-8235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DUPONT PHAMAUTICAL Occupation MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 10 / 08 / 2009  
**Transaction ID: C5205186**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ursula K Le Guin	Date of Receipt MM / DD / YYYY 10 / 08 / 2009
	Mailing Address 3321 Northwest Thurman St	<b>Transaction ID:</b> C5204645
	City State Zip Code Portland OR 97210-1226	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed Occupation Writer	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Christine Martin	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 219-09 Spencer Ave	<b>Transaction ID:</b> C5204201
	City State Zip Code Jamaica NY 11427-2029	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jane Meyers	Date of Receipt MM / DD / YYYY 10 / 12 / 2009
	Mailing Address 2277 Monticello Rd	<b>Transaction ID:</b> C5204708
	City State Zip Code Napa CA 94558-9613	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>710.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Jane Meyers

Mailing Address 2277 Monticello Rd

City Napa State CA Zip Code 94558-9613

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2009

Transaction ID: C5204707

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Doreen Miller

Mailing Address 134 Wheatley Rd

City Brookville State NY Zip Code 11545

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

Name of Employer Self-Employed Occupation educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2009

Transaction ID: C5205518

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Virginia A. Millhiser

Mailing Address 44 W 77th St Apt 13W

City New York State NY Zip Code 10024-5150

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2009

Transaction ID: C5203945

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Rose Novak

Mailing Address PO Box 478

City State Zip Code  
Teton Village WY 83025-0478

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** C5204766

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Deborah Payson

Mailing Address 531 Maison Pl

City State Zip Code  
Bryn Mawr PA 19010-3609

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

Name of Employer Episcopal Church Occupation Clergy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

**Transaction ID:** C5204795

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Marcia J. Ringel

Mailing Address 250 Ferris Pl

City State Zip Code  
Ridgewood NJ 07450-4114

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** C5206569

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 19 / 30  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Ruth Sample

Mailing Address 116 High Rd

City State Zip Code  
Lee NH 03861-6201

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

Name of Employer Occupation  
UNH Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** C5204897

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Judith Schwartz

Mailing Address PO Box 655

City State Zip Code  
Manzanita OR 97130-0655

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** C5205638

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy Schwartz

Mailing Address 6491 82nd Pl

City State Zip Code  
Middle Village NY 11379-2340

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

Name of Employer Occupation  
New York University Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** C5203920

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 20 / 30  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Julie Schweser  
Mailing Address 1 Acorn Ct  
City Iowa City State IA Zip Code 52246-2745  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 05 / 2009  
Transaction ID: C5206630  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Slifka  
Mailing Address One Beekman Place  
City New York State NY Zip Code 10022-8057  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 12 / 2009  
Transaction ID: C5205792  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Carol B Straight  
Mailing Address 1423 Poinsett Dr  
City Chapel Hill State NC Zip Code 27517-9233  
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 10 / 21 / 2009  
Transaction ID: C5204417  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

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

Mailing Address 1037 Constable Drive S.

City State Zip Code  
Mamaroneck NY 10543-4702

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** C5206733

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Anne Thompson

Mailing Address PO Box 1498

City State Zip Code  
Southern Pines NC 28388-1498

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** C5204150

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Rose Thorman

Mailing Address 7101 Bay Front Dr Apt 122

City State Zip Code  
Annapolis MD 21403

FEC ID number of contributing federal political committee. C

Name of Employer NA Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID:** C5206774

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1800.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John O Tomb		Date of Receipt
	Mailing Address 136 SaraToga Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	City	State	Zip Code
	Saratoga Springs	NY	12866-9194
	FEC ID number of contributing federal political committee.		Transaction ID: C5206784
Name of Employer NA		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Bev Turner		Date of Receipt
	Mailing Address 30185 Boyne Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Evergreen	CO	80439-9420
	FEC ID number of contributing federal political committee.		Transaction ID: C5204418
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Christine Van Cleve		Date of Receipt
	Mailing Address 15037 Orion Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 2 / 2 0 0 9
	City	State	Zip Code
	Prior Lake	MN	55372-1691
	FEC ID number of contributing federal political committee.		Transaction ID: C5204340
Name of Employer DSMSC		Occupation Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 30  
(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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Maureen Wright

Mailing Address 2816 Kentucky Street NE

City State Zip Code  
Albuquerque NM 87110-3408

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID: C5204196**

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol R. Yaster

Mailing Address 1701 Thayer Dr

City State Zip Code  
Blue Bell PA 19422-3550

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

Name of Employer Retired/Volunteer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2009

**Transaction ID: C5205137**

Amount of Each Receipt this Period  
610.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **810.00**

**TOTAL** This Period (last page this line number only) ..... ► **18631.00**

# 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)

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Allied Envelope Company <hr/> Mailing Address 455 Washington Avenue <hr/> City Carlstadt State NJ Zip Code 07072 <hr/> Purpose of Disbursement Printing for PAC Candidate Name <hr/> 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>Transaction ID:</b> D254157 Date of Disbursement 10 / 23 / 2009	Amount of Each Disbursement this Period 794.07
<b>B.</b>	Full Name (Last, First, Middle Initial) Direct Advantage Marketing <hr/> Mailing Address 5601 Hobart St <hr/> City Squirrel Hill State PA Zip Code 15217-2115 <hr/> Purpose of Disbursement Telemarketing Fundraising for PAC Candidate Name <hr/> 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>Transaction ID:</b> D254161 Date of Disbursement 10 / 23 / 2009	Amount of Each Disbursement this Period 10796.15
<b>C.</b>	Full Name (Last, First, Middle Initial) Direct Impressions <hr/> Mailing Address 2100 Tomlyn St <hr/> City Richmond State VA Zip Code 23230-3339 <hr/> Purpose of Disbursement Printing for PAC Candidate Name <hr/> 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>Transaction ID:</b> D254160 Date of Disbursement 10 / 23 / 2009	Amount of Each Disbursement this Period 1800.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	13390.22
<b>TOTAL</b> 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)

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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 PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Donor Services Group</p> <hr/> <p>Mailing Address 11500 West Olympic Boulevard Suite 540</p> <hr/> <p>City Los Angeles State CA Zip Code 90064-1525</p> <hr/> <p>Purpose of Disbursement Telemarketing for PAC</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D254155</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">32189.36</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9	32189.36
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	9													
32189.36																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Donor Services Group</p> <hr/> <p>Mailing Address 11500 West Olympic Boulevard Suite 540</p> <hr/> <p>City Los Angeles State CA Zip Code 90064-1525</p> <hr/> <p>Purpose of Disbursement Telemarketing for PAC</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D254170</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">21568.99</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9	21568.99
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	9													
21568.99																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Donor Services Group</p> <hr/> <p>Mailing Address 11500 West Olympic Boulevard Suite 540</p> <hr/> <p>City Los Angeles State CA Zip Code 90064-1525</p> <hr/> <p>Purpose of Disbursement Telemarketing for PAC</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D254171</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <hr/> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td style="text-align: center;">15558.20</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9	15558.20
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	3		2	0	0	9													
15558.20																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td style="font-size: 1.2em;"><b>69316.55</b></td> </tr> </table>	<b>69316.55</b>
<b>69316.55</b>		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>	

**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)

<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 PAC

A.	Full Name (Last, First, Middle Initial) Dupli Envelope and Graphics	Transaction ID: D254162 Date of Disbursement
	Mailing Address PO Box 11500	<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Syracuse State NY Zip Code 13218	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing for PAC	<input type="text" value="1105.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Global Payment Solutions	Transaction ID: D254173 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fees for PAC	<input type="text" value="2727.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M & T Bank	Transaction ID: D254174 Date of Disbursement
	Mailing Address 25 South Charles	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Baltimore State MD Zip Code 21201	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fees for PAC	<input type="text" value="148.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3980.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Meyer Telemarketing Services  Mailing Address 14 North Seventh Avenue  City Saint Cloud State MN Zip Code 56303  Purpose of Disbursement Telemarketing for PAC 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) ▼	Transaction ID: D254163 Date of Disbursement 10 / 23 / 2009  Amount of Each Disbursement this Period 3463.55  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) NARAL ProChoice America, Inc.  Mailing Address 1156 15th Street NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Administrative & Overhead Services for PAC 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) ▼	Transaction ID: D254175 Date of Disbursement 10 / 30 / 2009  Amount of Each Disbursement this Period 21000.00  Category/ Type
<b>C.</b>	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 for PAC 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) ▼	Transaction ID: D254165 Date of Disbursement 10 / 23 / 2009  Amount of Each Disbursement this Period 50.00  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	24513.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) SEIU-CC, LLC  Mailing Address 330 W. 42nd Street, 7th Floor  City New York State NY Zip Code 10036  Purpose of Disbursement Telemarketing for PAC 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) ▼	Transaction ID: D254166 Date of Disbursement 10 / 23 / 2009  Amount of Each Disbursement this Period 2447.20  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Share Group, Inc.  Mailing Address PO Box 55183  City Boston State MA Zip Code 02205-5183  Purpose of Disbursement Telemarketing for PAC 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) ▼	Transaction ID: D254167 Date of Disbursement 10 / 23 / 2009  Amount of Each Disbursement this Period 480.64  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Stockton Incorporated  Mailing Address 7940 Cessna Ave  City Gaithersburg State MD Zip Code 20879  Purpose of Disbursement Direct mail production services for PAC 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) ▼	Transaction ID: D254168 Date of Disbursement 10 / 23 / 2009  Amount of Each Disbursement this Period 899.96  Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3827.80**

**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)

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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 PAC

A.

Full Name (Last, First, Middle Initial)  
Tri-State Envelope Corporation

Transaction ID: D254169

Date of Disbursement

Mailing Address PO Box 433

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		2	3		2	0	0	9

City State Zip Code  
Beltsville MD 20704

Amount of Each Disbursement this Period

218.78
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Purpose of Disbursement  
Printing for PAC

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

218.78
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TOTAL This Period (last page this line number only) ..... ►

115247.86
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**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 30 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 PAC

A.	Full Name (Last, First, Middle Initial) Margaret Keish	Transaction ID: D254176 Date of Disbursement 10 / 26 / 2009
	Mailing Address 5204 Burnley Station Rd	Amount of Each Disbursement this Period 300.00
	City Barbourville State VA Zip Code 22923-1825	
	Purpose of Disbursement Refund Candidate Name	Category/Type
	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) David Starr	Transaction ID: D254178 Date of Disbursement 10 / 26 / 2009
	Mailing Address 58 Twin Brook Cir	Amount of Each Disbursement this Period 500.00
	City Longmeadow State MA Zip Code 01106-2338	
	Purpose of Disbursement Refund Candidate Name	Category/Type
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	800.00