FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
WASHINGTON NARAL STAND UP FOR A PROCHOICE FUTURE

(b) Address (number and street) ☐ check if different than previously reported
811 FIRST AVE SUITE 456

(c) City, State and ZIP Code
SEATTLE WA 98104

2. FEC Identification Number
C C00401455

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement ☒ **New** or ☐ **Amended**

4. Covering Period 10 25 2006 through 10 25 2006

5. (a) Date of Public Distribution(s) 10 25 2006 **(b) Communication Title** Absentee Voter Calls

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☐ No ☒

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes ☐ No ☒

8. Custodian of Records

(a) Name
Karen S. Cooper

(b) Address (number and street)
811 1st Ave, Suite 456

(c) City, State and ZIP Code
Seattle WA 98104

(d) Name of Employer or Principal Place of Business
NARAL Pro-Choice Washington

(e) Occupation
Executive Director

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 327.15

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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 Karen S. Cooper

SIGNATURE _____ DATE 10/26/2006

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