22037820176

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 OCT 25 P 2:10

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

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.
Type of Election: General Date of Election: 11/5/02 State:

☐ 30-Day Report following the General Election. Date of Election: State:

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

5. COVERING PERIOD: FROM 10/1/02 THROUGH 10/16/02

PAGE OF

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 Avenue, Suite 305, Springfield, VA 22150	Phone banks	10/10/2002	$13,779.97	✓		Ron Kirk TX Senate
Landmark Strategies 6225 Brandon Avenue, Suite 305, Springfield, VA 22150	Phone banks	10/10/2002	$13,000.00	✓		Ron Kirk TX Senate
Bates Niemand 1025 Vermont Avenue, Suite 830, Washington, DC 20005	Direct mail	10/10/2002	$33,000.00	✓		Ron Kirk TX Senate

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 10/24/02

KARISA JOHNSON

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 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)
RELANK51.PDF

22037820177

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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2002 OCT 25 P 2:10

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National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☑ 12-Day Report preceding the election.

Type of Election	Date of Election	State
General	11/5/02	

☐ 30-Day Report following the General Election.

Date of Election	State

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

5. COVERING PERIOD: FROM 10/1/02 THROUGH 10/16/02

PAGE OF

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
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$1,000.00	✔		Stanley Toshi Matsunaka CO House - 04
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$2,500.00	✔		Tom Strickland CO Senate
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$2,500.00	✔		Paul Wellstone MN Senate

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.

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

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FEC FORM 5
(Revised 1/2001)
FEC/AN551.PDF

22037820178

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 OCT 25 P 2:10

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National Abortion and Reproductive Rights Action League

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
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: General | Date of Election: 11/5/02 | State:

☐ 30-Day Report following the General Election. Date of Election | State

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

5. COVERING PERIOD. FROM 10/1/02 THROUGH 10/16/02

PAGE ___ OF ___

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
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$2,500.00	✓		Jeanne Shaheen NH Senate
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$2,500.00	✓		Ron Kirk TX Senate
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$2,500.00	✓		Frank Lautenberg NJ Senate

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 preparing, 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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FEC FORM 5
(Revised 1/2001)
RETURN.PDF

22037820179

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

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OPERATIONS CENTER

2002 OCT 25 P 2:10

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

Address (number and street) ☐ check if different than previously reported
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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

☑ 15-Day Report preceding the election.

Type of Election	Date of Election	State
General	11/5/02	

☐ 30-Day Report following the General Election.

Date of Election	State

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

5. COVERING PERIOD: FROM 10/1/02 THROUGH 10/16/02 — PAGE ___ OF ___

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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
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List processing	10/1/02	$2,500.00	✔		Jean Carnahan MO Senate
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List Processing	10/15/02	$2,500.00	✔		Alex Sanders SC Senate
Blaemire Communications 1890 Preston White Drive Reston, VA 20191	List Rental	10/15/02	$2,500.00	✔		Alex Sanders SC Senate

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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FEC FORM 5
(Revised 1/2001)
FE15/0001 1-OF

22037820180

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 10/25/02
☐	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	
	PREPARER	10/25/02 DATE PREPARED

(6/2000)