

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 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 11 28 2006 through 12 31 2006

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 01 31 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		635155.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	25927.15									
(c) Total Receipts (from Line 19)	19384.10	967008.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45311.25	1602164.06								
7. Total Disbursements (from Line 31)	11224.16	1568076.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34087.09	34087.09								
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**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	10570.00	212383.00
(i) Itemized (use Schedule A)	8646.00	681066.37
(ii) Unitemized	19216.00	893199.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	19216.00	898199.17
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	45141.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.)	168.10	23417.73
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))	19384.10	967008.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19384.10	967008.69

DETAILED SUMMARY PAGE

of Disbursements

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.....	2224.16	465578.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2224.16	465578.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	368410.00
24. Independent Expenditure (use Schedule E)	0.00	609088.34
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	500.00	2485.00
(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))	500.00	2485.00
29. Other Disbursements.....	0.00	122515.45
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))..	11224.16	1568076.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11224.16	1568076.97

DETAILED SUMMARY PAGE
of Disbursements

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)	19216.00	898199.17
34. Total Contribution Refunds (from Line 28(d))	500.00	2485.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18716.00	895714.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2224.16	465578.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	45141.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2224.16	420436.39

**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)	PAGE 6 / 15
	<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	

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

Full Name (Last, First, Middle Initial) A. Marcia Cohen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address PO Box 3959		Transaction ID: C279351	
City State Zip Code Telluride CO 81435-3959		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mary Evans Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 8339 Carrbridge Circle		Transaction ID: C279339	
City State Zip Code Baltimore MD 21204-1814		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Deborah Fisher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 1292 East Brittney Avenue		Transaction ID: C279460	
City State Zip Code Coeur D Alene ID 83815-7323		Amount of Each Receipt this Period 500.00	
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	

SUBTOTAL of Receipts This Page (optional) ▶	1020.00
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)	PAGE 7 / 15
	<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

Full Name (Last, First, Middle Initial) A. Mindy Engle Friedman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 480 Cafferty Rd		Transaction ID: C279253	
City Erwinna	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 18920-9250			
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Joyce Gelb		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 131 Riverside Dr		Transaction ID: C279243	
City New York	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10024-3713			
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	

Full Name (Last, First, Middle Initial) C. Allan Manings		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 2222 Avenue of the Stars #1202 E.		Transaction ID: C279468	
City Los Angeles	State CA	Amount of Each Receipt this Period 2500.00	
Zip Code 90067			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2850.00
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)	PAGE 8 / 15
	<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

Full Name (Last, First, Middle Initial) A. Allan Manings		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2222 Avenue of the Stars #1202 E.		Transaction ID: C279455
City State Zip Code Los Angeles CA 90067	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Occupation Writer	Aggregate Year-to-Date ▼ 3500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Catherine Manno		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 1275 Fritz Cir		Transaction ID: C279467
City State Zip Code Huntingdon Vv PA 19006-5904	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Childrens Hospital of PA Occupation Physician	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffrey Mayersohn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6
Mailing Address 29 Hundreds Road		Transaction ID: C279349
City State Zip Code Wellesley MA 02481-1422	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00
Name of Employer Sonus Networks Inc. Occupation Executive	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
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 9 / 15
	(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

Full Name (Last, First, Middle Initial) A. Ruth Tilsley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 905 Berkeley		Transaction ID: C279309	
City State Zip Code Santa Monica CA 90403-2307	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Hope L. Turney		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 677 Elkins Rd		Transaction ID: C279260	
City State Zip Code Los Angeles CA 90049-1903	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	10570.00

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

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

A. Full Name (Last, First, Middle Initial)
Allfirst

Mailing Address PO Box 1596

City State Zip Code
Baltimore MD 21203

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23417.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	6

Transaction ID: C279465

Amount of Each Receipt this Period
168.10

* Interest Income

SUBTOTAL of Receipts This Page (optional)	▶	168.10
TOTAL This Period (last page this line number only)	▶	168.10

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

<p>A. Allfirst</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1596</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1018</p> <p>Date of Disbursement</p> <p>12 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>8.08</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Allfirst</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1596</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1019</p> <p>Date of Disbursement</p> <p>12 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>136.85</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Donor Services Group</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 11500 Olympic Boulevard Suite 540</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement Telemarketing Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D1010</p> <p>Date of Disbursement</p> <p>12 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>164.70</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>309.63</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 12 / 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 PAC

Full Name (Last, First, Middle Initial) A. Global Payment Solutions		Transaction ID: D1011 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 835.08
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Credit Card Processing Fee	
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) ▼	

Full Name (Last, First, Middle Initial) B. Global Payment Solutions		Transaction ID: D1013 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 54.00
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Credit Card Processing Fee	
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) ▼	

Full Name (Last, First, Middle Initial) C. Global Payment Solutions		Transaction ID: D1017 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 25.45
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Credit Card Processing Fee	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	914.53
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 PAC

Full Name (Last, First, Middle Initial) A. Squire Lemkin & O'Brien LLP		Transaction ID: D1014 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 111 Rockville Pike Suite 475		Amount of Each Disbursement this Period 1000.00	
City Rockville State MD Zip Code 20850	Purpose of Disbursement Accounting Services 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) ▼		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2224.16

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

Full Name (Last, First, Middle Initial) A. Ciro Rodriguez for Congress		Transaction ID: D1015 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address P.O. Box 14528		Amount of Each Disbursement this Period 2500.00	
City San Antonio State TX Zip Code 78214	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Ciro Rodriguez	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff			

Full Name (Last, First, Middle Initial) B. Karen Carter for Congress		Transaction ID: D1016 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 1215 Prytania Street Suite 364A		Amount of Each Disbursement this Period 5000.00	
City New Orleans State LA Zip Code 70130	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Karen Carter	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff			

Full Name (Last, First, Middle Initial) C. Whitehouse 06		Transaction ID: D1012 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address PO Box 40280		Amount of Each Disbursement this Period 1000.00	
City Providence State RI Zip Code 02940	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Sheldon Whitehouse II	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:		
Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ O2006 General Debt		2006 General Debt	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	8500.00

**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)

PAGE 15 / 15

<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

Full Name (Last, First, Middle Initial) A. Nan Wiener		Transaction ID: D1020 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 133 Henry St		Amount of Each Disbursement this Period 500.00	
City San Francisco State CA Zip Code 94114-1216	Purpose of Disbursement Refund <input type="checkbox"/> Candidate Name <input type="checkbox"/> 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	500.00