

**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**

CITY

STATE

ZIP CODE

C00079541

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

through

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

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2006		635155.37
(b) Cash on Hand at Beginning of Reporting Period	163177.41	
(c) Total Receipts (from Line 19)	148418.60	947624.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	311596.01	1582779.96
7. Total Disbursements (from Line 31)	285668.86	1556852.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25927.15	25927.15
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	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	17770.00	201813.00
(i) Itemized (use Schedule A)	83842.13	672420.37
(ii) Unitemized	101612.13	873983.17
(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)	101612.13	878983.17
(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)	44880.00	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.)	1926.47	23249.63
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))	148418.60	947624.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	148418.60	947624.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		-61470.48	463354.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		-61470.48	463354.02
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		19500.00	359910.00
24. Independent Expenditure (use Schedule E)		271739.34	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		1000.00	1985.00
(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))		1000.00	1985.00
29. Other Disbursements.....		54900.00	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))..		285668.86	1556852.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		285668.86	1556852.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	101612.13	878983.17
34. Total Contribution Refunds (from Line 28(d))	1000.00	1985.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100612.13	876998.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-61470.48	463354.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	44880.00	45141.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-106350.48	418212.23

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

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

FOR LINE NUMBER: PAGE 6 / 67

(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) Ada Addington Mailing Address 229 E Lake Shore Dr City Chicago State IL Zip Code 60611-1351 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 ▼ 330.00		Date of Receipt MM / DD / YYYY 11 / 10 / 2006 Transaction ID: C277865 Amount of Each Receipt this Period 330.00
B. Full Name (Last, First, Middle Initial) William Adelman Mailing Address Apartment 344 43369 Gadsden Avenue City Lancaster State CA Zip Code 93534-6041 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 ▼ 250.00		Date of Receipt MM / DD / YYYY 10 / 25 / 2006 Transaction ID: C278482 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Miriam Anixter Mailing Address 5706 Melvin St City Pittsburgh State PA Zip Code 15217-2213 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		Date of Receipt MM / DD / YYYY 10 / 20 / 2006 Transaction ID: C278127 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

880.00

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 7 / 67**

(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)
 Joanie Bronfman
 Mailing Address 1731 Beacon St, #517

City State Zip Code
 Brookline MA 02245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Office Exchange Le-
arning Ce

Occupation
Associate Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C279206

Amount of Each Receipt this Period

4000.00

B. Full Name (Last, First, Middle Initial)
 Arlene Caplan
 Mailing Address 23 Loantaka Ln N

City State Zip Code
 Morristown NJ 07960-7027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C278988

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 Janet Clark
 Mailing Address #1 Clarke Road

City State Zip Code
 Berryville AR 72616-0000

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 ▼

300.00

Date of Receipt

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

Transaction ID: C277687

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

4550.00

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 8 / 67

(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)

Michael Dear

Mailing Address 3009 Linda Ln.

City State Zip Code
 Santa Monica CA 90405-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Southern Ca-
lifornia

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C277922

Amount of Each Receipt this Period

250.00

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

Kenneth Deaton

Mailing Address 1062 Forsyth St Suite 1-B

City State Zip Code
 Macon GA 31201-8302

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
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C278192

Amount of Each Receipt this Period

500.00

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

Joan Dukes

Mailing Address 2934 Horizon Hills Drive

City State Zip Code
 Prescott AZ 86305-7111

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 ▼

1500.00

Date of Receipt

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

Transaction ID: C279207

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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 / 67

(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)
Mary Evans Smith
Mailing Address 8339 Carrbridge Circle

City State Zip Code
Baltimore MD 21204-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C277351

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
Mary Evans Smith
Mailing Address 8339 Carrbridge Circle

City State Zip Code
Baltimore MD 21204-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: C277939

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)
Lisa Fischer-Casto
Mailing Address 1339 Smith St

City State Zip Code
Charleston WV 25301-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C278754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 67

(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) Elizabeth Foster Mailing Address 1837 N Orchard St City Chicago State IL Zip Code 60614-5105 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C279071 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mavis Frazer Mailing Address 6219 Sun Hollow City San Antonio State TX Zip Code 78238-1546 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: C277203 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Arlene Friedlander Mailing Address 5630 Wisconsin Ave Apt 102 City Chevy Chase State MD Zip Code 20815-4452 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C279097 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		600.00
TOTAL This Period (last page this line number only) ▶		

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 67

(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) Elizabeth Goldmuntz Mailing Address 520 North Latches Lane City Merion Station State PA Zip Code 19066-1733 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C278135 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) S. Lewis Mailing Address 50 E 77th St #3-A City New York State NY Zip Code 10021-1842 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: C278657 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Evie Macway Mailing Address 714 Braeview Road City Louisville State KY Zip Code 40206-2990 FEC ID number of contributing federal political committee. C Name of Employer Presbyterian Church of Kentucky Occupation Pastor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: C277392 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 67

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

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Alida Messinger

Mailing Address 30 Rockefeller Plaza, Room 5600

City State Zip Code
 New York NY 10112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Philanthropist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C279205

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Christine M. Millen

Mailing Address 58 W 89th St Apt 1f

City State Zip Code
 New York NY 10024-2057

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELOITTE CONSULTING

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: C279057

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bridget Mullen

Mailing Address PO Box 9339

City State Zip Code
 Jackson WY 83002-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: C277463

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 67

(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)

Priscilla Natkins

Mailing Address 55 Morris Ln

City

Scarsdale

State

NY

Zip Code

10583-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C277597

Amount of Each Receipt this Period

500.00

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

William O'Connell

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: C279232

Amount of Each Receipt this Period

800.00

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

Jane Pire

Mailing Address 700 Sheffield Court

City

Lake Forest

State

IL

Zip Code

60045-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C277321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 14 / 67

(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)

Ann Poll

Mailing Address 136 East 55th Street

City

New York

State

NY

Zip Code

10022-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C277132

Amount of Each Receipt this Period

250.00

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

Ann Poll

Mailing Address 136 East 55th Street

City

New York

State

NY

Zip Code

10022-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C277949

Amount of Each Receipt this Period

250.00

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

Carole Presnick

Mailing Address 179 Martin Ln

City

Orange

State

CT

Zip Code

06477-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C277450

Amount of Each Receipt this Period

500.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 67

(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) Lee Ramer Mailing Address 220 North Bristol Avenue City Los Angeles State CA Zip Code 90049-2604 FEC ID number of contributing federal political committee. C Name of Employer City of Los Angeles Cultural Affairs Occupation Volunteer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 11 / 08 / 2006 Transaction ID: C277795 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Linda Rankin Mailing Address 2362 SW Madison St City Portland State OR Zip Code 97205 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		Date of Receipt MM / DD / YYYY 10 / 31 / 2006 Transaction ID: C278724 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Margo Ritchie Mailing Address 3504 Sacred Moon Cv City Austin State TX Zip Code 78746-1636 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		Date of Receipt MM / DD / YYYY 10 / 24 / 2006 Transaction ID: C277232 Amount of Each Receipt this Period 150.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 67

(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

Full Name (Last, First, Middle Initial)

A. Theodore B. Roessel

Mailing Address PO Box 25

City

Casanova

State

VA

Zip Code

20139-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C277941

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terrie A. Roney

Mailing Address 1363 Old Phoenixville Pike

City

West Chester

State

PA

Zip Code

19380-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTILL'S REHAB

Occupation

OCCUPATIONAL THERAPIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: C277317

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kimberly Rose

Mailing Address 3232 Oakdell Lane

City

Studio City

State

CA

Zip Code

91604-4219

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 ▼

300.00

Date of Receipt

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

Transaction ID: C277265

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 17 / 67

(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) Randolph Ross Mailing Address 757 Park Hill Rd City Danville State CA Zip Code 94526 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: C278700 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Karen Sakamoto Mailing Address 333 E 50th St City Minneapolis State MN Zip Code 55419-1421 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C277124 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Judith Sheldon Mailing Address 1965 Pacific Avenue City San Francisco State CA Zip Code 94109-2335 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C278427 Amount of Each Receipt this Period 250.00
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 67

(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) Gerould H. Smith Mailing Address 1823 Edgewood Dr City Palo Alto State CA Zip Code 94303-3016 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C277290 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Susan Steif Mailing Address 1012 Oakleaf Circle City Blythewood State SC Zip Code 29016-9766 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 ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: C277431 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) C Whetzel Mailing Address 5036 Castleman St City Pittsburgh State PA Zip Code 15232-2107 FEC ID number of contributing federal political committee. C 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		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: C278667 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		600.00
TOTAL This Period (last page this line number only) ▶		17770.00

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

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

FOR LINE NUMBER: PAGE 19 / 67

(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)

NARAL ProChoice America, Inc.

Mailing Address 1156 15th Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

44880.00

Date of Receipt

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

Transaction ID: C279234

Amount of Each Receipt this Period

44880.00

Reimbursement for Admin.
Expenses.

SUBTOTAL of Receipts This Page (optional)

44880.00

TOTAL This Period (last page this line number only)

44880.00

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

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

FOR LINE NUMBER: PAGE 20 / 67

(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)

Allfirst

Mailing Address PO Box 1596

City

Baltimore

State

MD

Zip Code

21203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

23249.63

Date of Receipt

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

Transaction ID: C279233

Amount of Each Receipt this Period

1926.47

* Interest Income

SUBTOTAL of Receipts This Page (optional)

1926.47

TOTAL This Period (last page this line number only)

1926.47

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 21 / 67

<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. Allfirst

Mailing Address PO Box 1596

City
Baltimore

State
MD

Zip Code
21203

Purpose of Disbursement

Bank Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D971

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.35

Full Name (Last, First, Middle Initial)

B. Allfirst

Mailing Address PO Box 1596

City
Baltimore

State
MD

Zip Code
21203

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D996

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1351.62

Full Name (Last, First, Middle Initial)

C. Direct Advantage Marketing

Mailing Address 5601 Hobart Street

City
Philadelphia

State
PA

Zip Code
15217

Purpose of Disbursement

Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D948

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1246.70

SUBTOTAL of Disbursements This Page (optional)

2677.67

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 22 / 67

<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. Donor Services Group

Mailing Address 11500 Olympic Boulevard
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement
 Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D947

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

17000.92

Full Name (Last, First, Middle Initial)

B. Donor Services Group

Mailing Address 11500 Olympic Boulevard
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement
 Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D961

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

7588.02

Full Name (Last, First, Middle Initial)

C. Donor Services Group

Mailing Address 11500 Olympic Boulevard
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement
 Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D964

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

83.33

SUBTOTAL of Disbursements This Page (optional)

24672.27

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 23 / 67

<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. Donor Services Group

Mailing Address 11500 Olympic Boulevard
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement
Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D965

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

8244.63

Full Name (Last, First, Middle Initial)

B. Global Payment Solutions

Mailing Address 10705 Red Run Boulevard

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D972

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

2816.94

Full Name (Last, First, Middle Initial)

C. Harris Direct

Mailing Address 6800 Owensmouth Avenue
Suite 200

City Canoga Park State CA Zip Code 91303

Purpose of Disbursement
Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D962

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

3640.00

SUBTOTAL of Disbursements This Page (optional)

14701.57

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 24 / 67

<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. Kenmore Envelope Company

Mailing Address P.O. Box 42100

City
Richmond

State
VA

Zip Code
23224

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D949

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2840.50

Full Name (Last, First, Middle Initial)

B. LSG Strategies

Mailing Address 2120 L Street, NW
Suite 305

City
Washington

State
DC

Zip Code
20037

Purpose of Disbursement
Automated Calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D1007

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

16608.48

[MEMO ITEM]

Memo to Adjust Debt-See
Pre-Gen. Report

Full Name (Last, First, Middle Initial)

C. LSG Strategies

Mailing Address 2120 L Street, NW
Suite 305

City
Washington

State
DC

Zip Code
20037

Purpose of Disbursement
Automated Calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D966

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

34232.20

[MEMO ITEM]

Memo to Adjust Debt-See
Pre-Gen. Report

SUBTOTAL of Disbursements This Page (optional)

2840.50

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 25 / 67

<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

Full Name (Last, First, Middle Initial)

A. LSG Strategies

Mailing Address 2120 L Street, NW
Suite 305

City Washington State DC Zip Code 20037

Purpose of Disbursement

Automated Calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D967

Date of Disbursement

11 / 14 / 2006

Amount of Each Disbursement this Period

44880.00

Full Name (Last, First, Middle Initial)

B. Mission Control, Inc.

Mailing Address 201 Adams

City Manchester State CT Zip Code 06040

Purpose of Disbursement

Independent Expenditures, See Line 24

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1005

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

-169200.00

Full Name (Last, First, Middle Initial)

C. Payment Solutions, Inc.

Mailing Address PO Box 30217

City Bethesda State MD Zip Code 20824

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D970

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

715.84

SUBTOTAL of Disbursements This Page (optional)

-123604.16

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

Full Name (Last, First, Middle Initial)

A. Share Group, Inc.

Mailing Address PO Box 55183

City
Boston

State
MA

Zip Code
02205

Purpose of Disbursement
Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D960

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14035.60

Full Name (Last, First, Middle Initial)

B. Share Group, Inc.

Mailing Address PO Box 55183

City
Boston

State
MA

Zip Code
02205

Purpose of Disbursement
Telemarketing Fundraising for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D963

Date of Disbursement

/ /

Amount of Each Disbursement this Period

206.07

Full Name (Last, First, Middle Initial)

C. TC Mailing

Mailing Address 809 Keith Lane

City
Owings

State
MD

Zip Code
20736

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D954

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

17241.67

TOTAL This Period (last page this line number only)

-61470.48

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. Friends of Dan Maffei

Mailing Address PO BOX 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Contribution

Candidate Name
Daniel B. Maffei

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: D946

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Mazie Hirono

Mailing Address P.O. Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement
Contribution

Candidate Name
Mazie Hirono

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District: 02

Transaction ID: D953

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hooley for Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement
Contribution

Candidate Name
Darlene Hooley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: D951

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

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 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. Jill Derby For Congress

Mailing Address P.O. Box 1901

City
Minden

State
NV

Zip Code
89423

Purpose of Disbursement
Contribution

Candidate Name
Jill Derby

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D957

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Judy Feder For Congress

Mailing Address 1514 Hardwood Lane

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
Contribution

Candidate Name
Judy Feder

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Transaction ID: D952

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Mahoney For Florida

Mailing Address 1128-408 Royal Palm Beach Blvd

City
Royal Palm Beach

State
FL

Zip Code
33411

Purpose of Disbursement
Contribution

Candidate Name
Tim Mahoney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: D955

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 29 / 67

<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. Tim Walz For US Congress

Mailing Address P.O. Box 938

City
Mankato

State
MN

Zip Code
56002

Purpose of Disbursement
Contribution

Candidate Name
Tim Walz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D956

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

19500.00

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 30 / 67

<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. Deborah S. Sharpe

Mailing Address 15 Historical Way

City
Canton

State
MA

Zip Code
02021-2227

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D959

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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)

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<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Mission Control, Inc.

Mailing Address 201 Adams

City
Manchester

State
CT

Zip Code
06040

Purpose of Disbursement

Nonfed In-kind Printing to Rendell Camp

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2006

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: D1004

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. NARAL ProChoice America, Inc.

Mailing Address 1156 15th Street NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Donation

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: D1006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47400.00

SUBTOTAL of Disbursements This Page (optional)

54900.00

TOTAL This Period (last page this line number only)

54900.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America PAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
LSG StrategiesNature of Debt (Purpose):
Automated CallsMailing Address 2120 L Street, NW
Suite 305City State ZIP Code
Washington DC 20037

Outstanding Balance Beginning This Period

16560.48

Transaction ID: D976

Amount Incurred This Period

17671.72

Payment This Period

34232.20

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LSG StrategiesNature of Debt (Purpose):
Automated CallsMailing Address 2120 L Street, NW
Suite 305City State ZIP Code
Washington DC 20037

Outstanding Balance Beginning This Period

16608.48

Transaction ID: D975

Amount Incurred This Period

0.00

Payment This Period

16608.48

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

0.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3502.80</div>	
City State Zip Code Washington DC 20037		Transaction ID: D984 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Purpose of Expenditure Automated Calls		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose 	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145102.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1600.60</div>	
City State Zip Code Washington DC 20037		Transaction ID: D1008 Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Automated Calls		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose 	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">88050.44</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5103.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M

D D

Y Y Y Y

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 34 / 67

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3479.44</div>	
City State Zip Code Washington DC 20037		Transaction ID: D995	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145102.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1518.64</div>	
City State Zip Code Washington DC 20037		Transaction ID: D994	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">88050.44</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">4998.08</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 40%;"> <p>Signature _____</p> </div> <div style="width: 20%;"> <p>Date</p> </div> <div style="width: 40%;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div></div> </div> </div> </div>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 35 / 67

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1664.68	
City State Zip Code Washington DC 20037		Transaction ID: D993	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1630.36	
City State Zip Code Washington DC 20037		Transaction ID: D992	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		3295.04	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1642.08	
City Washington State DC Zip Code 20037		Transaction ID: D991	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1524.12	
City Washington State DC Zip Code 20037		Transaction ID: D990	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76893.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		3166.20	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1630.36</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20037</div> </div>		Transaction ID: D989	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">76893.16</div>			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1518.64</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20037</div> </div>		Transaction ID: D988	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">76926.76</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">3149.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div></div> <div></div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2120 L Street, NW Suite 305		Amount 1642.08	
City State Zip Code Washington DC 20037		Transaction ID: D987	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2120 L Street, NW Suite 305		Amount 1443.76	
City State Zip Code Washington DC 20037		Transaction ID: D823	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		3085.84	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1524.12	
City State Zip Code Washington DC 20037		Transaction ID: D985	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 3714.16	
City State Zip Code Washington DC 20037		Transaction ID: D983	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 145296.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		5238.28	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 3311.60	
City State Zip Code Washington DC 20037		Transaction ID: D982	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 145296.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1664.68	
City State Zip Code Washington DC 20037		Transaction ID: D981	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		4976.28	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date MM / DD / YYYY ____ / ____ / ____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 3586.08	
City State Zip Code Washington DC 20037		Transaction ID: D977	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 145102.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 24 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1258.96	
City State Zip Code Washington DC 20037		Transaction ID: D915	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bruce L. Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1887.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		4845.04	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY _____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 3736.32	
City State Zip Code Washington DC 20037		Transaction ID: D851	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 145296.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1629.80	
City State Zip Code Washington DC 20037		Transaction ID: D839	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		5366.12	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1471.12	
City Washington State DC Zip Code 20037		Transaction ID: D837	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1443.76	
City Washington State DC Zip Code 20037		Transaction ID: D826	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76893.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		2914.88	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>1</div><div>0</div></div> <div><div>D</div><div>2</div><div>0</div></div> <div><div>Y</div><div>2</div><div>0</div><div>0</div><div>6</div></div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount 1629.80	
City Washington State DC Zip Code 20037		Transaction ID: D825	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div>1</div><div>0</div></div> <div><div>D</div><div>2</div><div>0</div></div> <div><div>Y</div><div>2</div><div>0</div><div>0</div><div>6</div></div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount 1471.12	
City Washington State DC Zip Code 20037		Transaction ID: D824	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		3100.92	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div><div>M</div><div></div><div></div></div> <div><div>D</div><div></div><div></div></div> <div><div>Y</div><div></div><div></div><div></div><div></div></div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2120 L Street, NW Suite 305		Amount 1600.60	
City State Zip Code Washington DC 20037		Transaction ID: D986	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 201 Adams Manchester, CT 06040		Amount 427.50	
City State Zip Code Manchester CT 06040		Transaction ID: D830	
Purpose of Expenditure Creative Photography		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		2028.10	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 360.00	
City State Zip Code Manchester CT 06040		Transaction ID: D854	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145296.58			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 04 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 3750.00	
City State Zip Code Manchester CT 06040		Transaction ID: D944	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Patrick J. Murphy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145296.58			
(a) SUBTOTAL of Itemized Independent Expenditures		4110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		Transaction ID: D943	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 77189.98			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.60	
City State Zip Code Manchester CT 06040		Transaction ID: D942	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 77189.98			
(a) SUBTOTAL of Itemized Independent Expenditures		11049.90	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY ____ / ____ / ____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		Transaction ID: D941	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76926.76			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.62	
City State Zip Code Manchester CT 06040		Transaction ID: D940	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76926.76			
(a) SUBTOTAL of Itemized Independent Expenditures		11049.92	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY ____ / ____ / ____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		Transaction ID: D939	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76893.16			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.62	
City State Zip Code Manchester CT 06040		Transaction ID: D938	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76893.16			
(a) SUBTOTAL of Itemized Independent Expenditures		11049.92	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY _____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		Transaction ID: D937	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 88050.44			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.62	
City State Zip Code Manchester CT 06040		Transaction ID: D936	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 88050.44			
(a) SUBTOTAL of Itemized Independent Expenditures		11049.92	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY ____ / ____ / ____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 427.50	
City State Zip Code Manchester CT 06040		Transaction ID: D896	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		Transaction ID: D895	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		8377.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 12322.50	
City State Zip Code Manchester CT 06040		Transaction ID: D828	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88050.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		Transaction ID: D888	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76893.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		20272.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 20 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7950.00</div>	
City State Zip Code Manchester CT 06040		Transaction ID: D829	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">88050.44</div>			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 19 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16800.00</div>	
City State Zip Code Manchester CT 06040		Transaction ID: D853	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145296.58</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">24750.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div></div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 26040.00	
City State Zip Code Manchester CT 06040		Transaction ID: D852	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145296.58			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 360.00	
City State Zip Code Manchester CT 06040		Transaction ID: D849	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145102.82			
(a) SUBTOTAL of Itemized Independent Expenditures		26400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date MM / DD / YYYY ____ / ____ / ____	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 19 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16800.00</div>	
City State Zip Code Manchester CT 06040		Transaction ID: D848	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145102.82</div>			

Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 19 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26040.00</div>	
City State Zip Code Manchester CT 06040		Transaction ID: D847	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145102.82</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">42840.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

MM / DD / YY

10 / 19 / 2006

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 427.50	
City State Zip Code Manchester CT 06040		Transaction ID: D842	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 77189.98			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		Transaction ID: D841	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 77189.98			
(a) SUBTOTAL of Itemized Independent Expenditures		8377.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature _____		Date MM / DD / YYYY	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 20 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12322.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06040</div> </div>		Transaction ID: D840	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>08</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">77189.98</div>	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 20 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">427.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06040</div> </div>		Transaction ID: D833	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">76893.16</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">12750.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div></div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 20 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12322.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06040</div> </div>		Transaction ID: D831	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
76893.16			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>11 / 04 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3750.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06040</div> </div>		Transaction ID: D945	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joseph A. Sestak, Jr.		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
145102.82			
(a) SUBTOTAL of Itemized Independent Expenditures		16072.50	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div></div> </div>	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER ▼ C C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 201 Adams Manchester, CT 06040		Amount 12322.50	
City State Zip Code Manchester CT 06040		Transaction ID: D894	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
76926.76			

(a) SUBTOTAL of Itemized Independent Expenditures	12322.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	271739.34
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y ____ / ____ / ____

Image# 26930702360

Form/Schedule:SE24 See Pre-General Report
Transaction ID: D986

Form/Schedule:SE24 See Pre-General Report
Transaction ID: D995

Image# 26930702361

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D988**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D993**

Image# 26930702362

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D992**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D991**

Image# 26930702363

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D990**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D989**

Image# 26930702364

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D987**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D994**

Image# 26930702365

Form/Schedule:SE24 See Pre-General Report
Transaction ID: D985

Form/Schedule:SE24 See Pre-General Report
Transaction ID: D981

Image# 26930702366

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D982**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D983**

Image# 26930702367

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D984**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D1008**
