RECEIVED
FEC MAIL ROOM
2000 OCT 20 A 10:07

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation: NARAL

Address (number and street) ☐ check if different than previously reported: 1156 15th ST NW STE 700

City, State and ZIP Code: WASHINGTON DC 20005

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

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number: C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

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

5. COVERING PERIOD: FROM THROUGH 10/19/2000 PAGE 1 OF 6

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUNSE MALCHOW + SCHLACKMAN	DIRECT MAIL	10/19/00	11,213.13	X		RICK LARSEN HOUSE-WA-02
1133 15th ST NW STE 350 WASHINGTON DC 20005	"	"	5667.10	X		TOM KEEFE HOUSE-WA-05
	"	"	9,762.32	X		ADAM SMITH HOUSE-WA-09

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 188,822.95

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: GLORIA A TOHEN

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 19 day of October, 19 2000

My Commission Expires: My Commission Expires September 30, 2002

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
NARAL

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

City, State and ZIP Code
WASHINGTON DC 20005

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

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
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☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM — THROUGH 10/19/00

PAGE 2 OF 6

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
GROUNSE MALCHON + SCHLACKMAN 1133 15th ST NW STE 350 WASHINGTON DC 20005	DIRECT MAIL	10/19/00	9174.36	X		KEN TOLTZ HOUSE-CO-06
	"	"	3289.40	X		ROGER KAHN HOUSE-GA-07
	"	"	18046.04	X		LAUREN BETH GASH IL-10 HOUSE
	"	"	9246.04	X		MIKE KELLEHER HOUSE-IL-15

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 19____

My Commission Expires _____

_____ (Notary Public)

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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NARAL

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Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

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☐ July 15 Quarterly Report
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☐ 12-Day Report preceding the election.
Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM THROUGH 10/19/00

PAGE 3 OF 6

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CROUNSE MARCHOV + SCHLACKMAN	DIRECT MAIL	10/19/00	18046.04	X		MARK DAYTON MN-SENATE
		"	89677.68	X		MARIA CANTWELL WA SENATE
	DIRECT MAIL	"	5346.22	X		BETTY McCOLLUM HOUSE-MN-04
	"	"	6046.50	X		JAY INSLEE HOUSE WA-01

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number: C70002761

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

5. COVERING PERIOD: FROM | THROUGH 10/19/00

PAGE 4 OF 6

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
PRIDE SOURCE CORP 20793 FARMINGTON RD STE 25 FARMINGTON MI 48336	INSERT BROCHURE INTO PUBLICATION	10/19/00	500	X		AL GORE PRESIDENTIAL

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

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Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
TESS FIELDS 4144 LINDELL STE 505 ST LOUIS MO 63108	REIMB: OFC SUPPLIES MILEAGE	10/19/00	186.29	X		CARNAHAN MO - SEN
JULIE BRUGGEMANN 4144 LINDELL STE 505 ST LOUIS MO 63108	FOOD FOR VOLUNTEERS POSTAGE (REIMB)	10/19/00	253.66	X		CARNAHAN MO SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

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

5. COVERING PERIOD: FROM THROUGH 10/19/00

PAGE 6 OF 6

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Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
BLAENMARE Comm. 1890 PRESTON WHITE DR RESTON VA 20191	LIST PROCESSING	10/19/00	834.87	X		AL GORE PRESIDENTIAL
		10/19/00	175.00	X		AL-GORE PRESIDENTIAL
		10/19/00	1783.30	X		AL GORE PRESIDENTIAL
		10/19/00	175.00	X		BARNATHAN MO-SENATE

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

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FEC FORM 5 (4/96)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 10-20-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

J.G.
PREPARER

10-20-00
DATE PREPARED

(6/2000)