

**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

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

04

01

2007

through

04

30

2007

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

05

18

2007

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

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

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 3 | 0 | 2 | 0 | 0 | 7 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2007</span>                                                               |                         | 34087.09                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                       | 54905.37                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 1170.58                 | 27703.25                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 56075.95                | 61790.34                          |
| 7. Total Disbursements (from Line 31) .....                                                                      | 14071.90                | 19786.29                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 42004.05                | 42004.05                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 7

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 500.00                        | 18600.00                          |
| (i) Itemized (use Schedule A) .....                                                                    |                               |                                   |
| (ii) Unitemized .....                                                                                  | 455.00                        | 8305.17                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡                                                       | 955.00                        | 26905.17                          |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡  | 955.00                        | 26905.17                          |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 215.58                        | 798.08                            |
| 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)) .....                          | 1170.58                       | 27703.25                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 1170.58                       | 27703.25                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS                                                                               |  | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                                   |  | 14071.90                      | 19736.29                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           |  | 14071.90                      | 19736.29                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                         |  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          |  | 0.00                          | 0.00                              |
| 24. Independent Expenditure (use Schedule E) .....                                              |  | 0.00                          | 0.00                              |
| 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 .....                                   |  | 0.00                          | 50.00                             |
| (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)) .....                            |  | 0.00                          | 50.00                             |
| 29. Other Disbursements.....                                                                    |  | 0.00                          | 0.00                              |
| 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))..        |  | 14071.90                      | 19786.29                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... |  | 14071.90                      | 19786.29                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 955.00                        | 26905.17                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 50.00                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 955.00                        | 26855.17                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 14071.90                      | 19736.29                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 14071.90                      | 19736.29                          |

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

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

FOR LINE NUMBER: PAGE 6 / 10

(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

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

Mary A. O'Neill

Mailing Address 1718 P Street NW, Apt 916

City State Zip Code  
 Washington DC 20036

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: C4190745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

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

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

FOR LINE NUMBER: PAGE 7 / 10

(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

**A.**

Full Name (Last, First, Middle Initial)

Allfirst

Mailing Address PO Box 1596

City

Baltimore

State

MD

Zip Code

21203-1596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

798.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 7

Transaction ID: C4193233

Amount of Each Receipt this Period

215.58

\*

**SUBTOTAL** of Receipts This Page (optional) .....

215.58

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

215.58

# **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 8 / 10

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                   |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Allfirst                                                                        |                                                                                                                                   | <b>Transaction ID:</b> D165157<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div> |
| Mailing Address PO Box 1596                                                                                                          |                                                                                                                                   | <b>Amount of Each Disbursement this Period</b><br><div>9.00</div>                                                                           |
| City Baltimore State MD Zip Code 21203-1596                                                                                          |                                                                                                                                   |                                                                                                                                             |
| Purpose of Disbursement Banking Fees                                                                                                 | <div>Category/Type</div>                                                                                                          |                                                                                                                                             |
| Candidate Name                                                                                                                       |                                                                                                                                   |                                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                             |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Allfirst                                                                        |                                                                                                                                   | <b>Transaction ID:</b> D165158<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 7</div> </div> |
| Mailing Address PO Box 1596                                                                                                          |                                                                                                                                   | <b>Amount of Each Disbursement this Period</b><br><div>85.00</div>                                                                          |
| City Baltimore State MD Zip Code 21203-1596                                                                                          |                                                                                                                                   |                                                                                                                                             |
| Purpose of Disbursement Credit Card Processing Fees                                                                                  | <div>Category/Type</div>                                                                                                          |                                                                                                                                             |
| Candidate Name                                                                                                                       |                                                                                                                                   |                                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                             |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Direct Advantage Marketing                                                      |                                                                                                                                   | <b>Transaction ID:</b> D165160<br><b>Date of Disbursement</b><br><div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 7</div> </div> |
| Mailing Address 5601 Hobart St                                                                                                       |                                                                                                                                   | <b>Amount of Each Disbursement this Period</b><br><div>13902.50</div>                                                                       |
| City Squirrel Hill State PA Zip Code 15217-2115                                                                                      |                                                                                                                                   |                                                                                                                                             |
| Purpose of Disbursement Telemarketing Fundraising for PAC                                                                            | <div>Category/Type</div>                                                                                                          |                                                                                                                                             |
| Candidate Name                                                                                                                       |                                                                                                                                   |                                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                             |

**SUBTOTAL** of Disbursements This Page (optional) .....

**13996.50**

**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 9 / 10

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

A. Full Name (Last, First, Middle Initial)  
Payment Solutions, Inc.

Mailing Address PO Box 30217

City Bethesda State MD Zip Code 20824-0217

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: D165161

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 7 |   | 2 | 0 | 7 |   |

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

14046.50

Image# 27930729380

Form/Schedule:SA17 Interest income  
Transaction ID: C4193233

\*\*\*\*\*