REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Voters for Choice Friends of Family Planning
ADDRESS (number and street) ☐ Check if different than previously reported
1010 Wisconsin Ave. NW # 410
CITY, STATE and ZIP CODE
Washington, DC 20007

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL RO

Jun 3 1 15 PM '99

2. FEC IDENTIFICATION NUMBER
C00109755

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

4. TYPE OF REPORT

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

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☒ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/99 through 4/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 39,619.64
(b) Cash on Hand at Beginning of Reporting Period	$ 39,956.40	
(c) Total Receipts (from Line 19)	$ 8,013.59	$ 24,859.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 47,969.99	$ 64,478.73
7. Total Disbursements (from Line 30)	$ 6,407.44	$ 22,916.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(c))	$ 41,562.55	$ 41,562.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Julie Burton, Assistant Treasurer

Signature of Treasurer: X Julie Burton

Date: 5/20/99 5/28/99

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

FEC FORM 3X
(revised 9/93)

FE7AN047

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Voters For Choice Fund of Family Planning

REPORT COVERING PERIOD FROM: 4/1/99 TO: 4/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,300.00	16,530.76	11a(i)
ii. Unitemized	210.00	3,211.00	11a(ii)
iii. Total (add i and ii) ➤	7,510.00	19,741.76	11a(iii)
b. Political Party Committees			11b)
c. Other Political Committees (such as PACs)			11c)
d. Total Contributions (add a iii, b and c) ➤	7,510.00	19,741.76	11d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	375.00	859.63	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	129.59	524.24	17
18. Transfers from Nonfederal Account for Joint Activity		3,723.46	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,013.59	24,859.09	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,013.59	21,135.63	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	63.56	11,743.09	21a(i)
ii. Non-Federal Share	21.12	3,922.81	21a(ii)
b. Other Federal Operating Expenditures	6,323.36	7,250.28	21b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	6,407.44	22,916.18	21c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28a)
b. Political Party Committees			28b)
c. Other Political Committees (such as PACs)			28c)
d. Total Contribution Refunds (add a, b and c) ➤			28d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,407.44	22,916.18	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,385.32	18,993.37	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,510.00	19,741.76	32
33. Total Contribution Refunds (from line 28d)	Ø	Ø	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,510.00	19,741.76	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	6,358.92	18,993.37	35
36. Offsets to Operating Expenditures (from line 15)	375.00	859.63	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	6,033.92	18,133.74	37

FE7AN047

Voters For Choice
Schedule A
Itemized Individual Contributions
4/01/99 - 4/30/99

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 names and address of any political committee to solicit contributions from such committee.

Miller, Maya 6185 Franktown Road Carson City, NV 89701	Employer: Self Occupation: Philanthropist Aggregate Year to Date: 2,000.00	Date 4/22/99	Amount: 2,000.00
Rich, Denise 785 Fifth Avenue New York, NY 10022-1202	Employer: Self Occupation: Philanthropist Aggregate Year to Date: 5,000.00	Date 4/22/99	Amount: 5,000.00
Thomas, Franklin 595 Madison Ave New York, NY 10022	Employer: Self Occupation: Attorney Aggregate Year to Date: 300.00	Date 4/22/99	Amount: 300.00

Subtotal this Page 7,300.00

Total Number of Receipts: 3 Grand Total all Receipts: 7,300.00

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Voters For Choice Friends of Family Planning

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bell Atlantic 1717 Arch St. 25th Floor Philadelphia, PA 19103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Service Concerned Balance Refund Occupation Aggregate Year-to-Date > $	4/21/99	374.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 374.00

TOTAL This Period (last page this line number only) 374.00

EDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Voters For Choice Friends of Family Planning

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nationsbank 2621 Connecticut Ave NW Washington, DC 20008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest Aggregate Year-to-Date > $ 34.06	4/25/99	2.53
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch 1660 K Street NW Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest Aggregate Year-to-Date > $ 540.12	4/30/99	127.06
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 129.59

TOTAL This Period (last page this line number only) > 129.59

ACTIVITY SCHEDULE

PAGE 1 OF 1

FOR LINE 21a

NAME OF COMMITTEE

Voters For Choice Friends of Family Planning

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Nationsbank 2631 Connecticut Ave NW Washington DC 20008	Bank fees	4/20/99	84.08	63.06	21.02
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $ 15,372.90					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			84.08	63.06	21.02
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.i and non-Fed. share to 21 a.ii)			84.08	63.06	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

FE5AN068

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 B

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NAME OF COMMITTEE (in Full)

Voters For Choice Friends of Family Planning

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Avocado Productions 440 B Pier Ave. Hermosa Beach, CA 90254	Ny Times Ad - event Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/99	1,545.00
B. US postmaster 900 Brentwood Washington, DC 20066	Stamps - event Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/99	2,183.61
C. Julie Burton 2 Townsend St. San Francisco, CA 94107	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/99	562.09
D. Linda Solomon 8951 Town Center Circle Largo, MD 20774	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/99	533.93
E. Jill Erickson 501 Slaters lane Alexandria, VA 22314	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/99	625.41
F. Nationsbank 2631 Connecticut Ave NW Washington, DC 20008	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/99	707.82
G. Nationsbank 2631 Connecticut Ave NW Washington, DC 20008	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/30/99	159.74
H. Merrill Lynch 1850 K St NW Washington, DC 20006	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/30/99	5.76
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	6,323.36
TOTAL This Period (last page this line number only)	6,323.36

FETA0047

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 6-3-99
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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 / another Date of Receipt
☐	Electronic Filing	

PREPARER	DATE PREPARED 6-3-99

(4/98)