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FEC MAIL ROOM
2001 JUL 19 P 4:15

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: NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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.
☒ 30-Day Report following the General Election.

Type of Election	Date of Election	State

Date of Election	State
6/19/01	VA

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

5. COVERING PERIOD: FROM 5/31/01 - THROUGH 7/9/01

PAGE 1 OF 4

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
CROUNSE MALCHOW SCHLACKMAN 1133 15th ST NW STE 350 WASHINGTON DC 20005	REFUND OF OVERPAYMENT - DIRECT MAIL	—	6/20/01	427.09

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
CAROL TREVELYAN STRATEGY GROUP 1904 VERNON ST NW WASHINGTON DC 20009	E-MAIL ALERTS	6/14/01	1.56	X		LOUISE LUCAS VA-04
JILL ALLEN C/O NARAL 1156 15th ST NW STE 700 WASHINGTON DC 20005	STAFF TIME	6/15/01	183.80	X		"

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ 427.09

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 3,511.10

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: MONICA K. MILLS

SIGNATURE (multi-page filers: sign page 1 only) DATE: Monica K Mills 7-19-2001

Subscribed and sworn to before me this 19 day of July 19 2001

My Commission Expires September 30, 2002

My Commission Expires _____

[signature] (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

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

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

RECEIVED
FEC MAIL ROOM
2001 JUL 19 P 4:16

1. Name of individual, organization or corporation: NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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: 6/19/01 — State: VA

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

5. COVERING PERIOD: FROM 5/31/01 THROUGH 7/9/01

PAGE 2 OF 4

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
KARISA JOHNSON C/O NARAL 1156 15TH ST NW STE 700 WASHINGTON DC 20005	STAFF TIME	6/19/01	203.84	X		LOUISE LUCAS VA-04

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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Washington, D.C. 20463
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FEC FORM 5 (4/96)

RECEIVED
FEC MAIL ROOM

2001 JUL 19 P 12 1'0

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE

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
C00002761

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
6/19/01	VA

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

5. COVERING PERIOD: FROM 5/21/01 THROUGH 7/9/01

PAGE 3 OF 4

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
BLAEMIRE COMMUNICATIONS 1890 PRESTON WHITE DR STE 105 RESTON, VA 20191	LIST PROCESSING - FINAL PAYMENT	6/20/01	700.00	X		LOUISE LUCAS VA-04

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)

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2001 JUL 19 P 16:10

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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
6/19/01	VA

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

5. COVERING PERIOD: FROM 6/21/01 THROUGH 7/9/01

PAGE 4 OF 4

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
JILL ALLEN c/o NARAL 1156 15th ST NW STE 700 WASHINGTON DC 20005	STAFF TIME - FINAL PAYMENT	6/29/01	183.80	X		LOUISE LUCAS VA-04
WINNING CONNECTIONS 317 PENNSYLVANIA AVE SE WASHINGTON DC 20003	PHONE BANKS - FINAL PAYMENT	7/5/01	2138.10	X		LOUISE LUCAS VA-04

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 _____

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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 7-19-01
☐	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	

PREPARER	7-20-01 DATE PREPARED

(6/2000)