

**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

05

01

2007

through

05

31

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

06

20

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	5		0	1		2	0	0	7

To:

M	M		D	D		Y	Y	Y	Y
0	5		3	1		2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		34087.09
(b) Cash on Hand at Beginning of Reporting Period .....	42004.05	
(c) Total Receipts (from Line 19) .....	83560.18	111263.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	125564.23	145350.52
7. Total Disbursements (from Line 31) .....	8247.56	28033.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	117316.67	117316.67
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

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	20620.00	39250.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	62685.00	70960.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	83305.00	110210.17
(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) ..... ➤	83305.00	110210.17
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.) .....	255.18	1053.26
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)) .....	83560.18	111263.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	83560.18	111263.43

**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.....	8247.56	27983.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8247.56	27983.85
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))..	8247.56	28033.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8247.56	28033.85

**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) .....	83305.00	110210.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83305.00	110160.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8247.56	27983.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8247.56	27983.85

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

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

FOR LINE NUMBER: PAGE 6 / 17

(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

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

Robert Alpern

Mailing Address 140 8th Avenue

City State Zip Code  
 Brooklyn NY 11215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
RETIRED/SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: C4273096

Amount of Each Receipt this Period

250.00

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

Paula P. Busch

Mailing Address 430 E 57th St #2-B

City State Zip Code  
 New York NY 10022-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Corcoran Group

Occupation  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: C4273324

Amount of Each Receipt this Period

500.00

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

Manuel D. Chrobak

Mailing Address 18 Deer Path

City State Zip Code  
 Hudson MA 01749-2643

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  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: C4272688

Amount of Each Receipt this Period

200.00

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

950.00

**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 / 17

(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

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

Manuel D. Chrobak

Mailing Address 18 Deer Path

City	State	Zip Code
Hudson	MA	01749-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
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
0	5		2	3		2	0	0	7

Transaction ID: C4272689

Amount of Each Receipt this Period

100.00

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

Ellen B. Davis

Mailing Address 125 17th Ave

City	State	Zip Code
San Francisco	CA	94121-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	7

Transaction ID: C4272028

Amount of Each Receipt this Period

300.00

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

Vickie L Epstein

Mailing Address 2271 Woodland Hills Dr

City	State	Zip Code
Blacksburg	VA	24060-9269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carilion Health SystemOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	7

Transaction ID: C4273153

Amount of Each Receipt this Period

300.00

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

700.00

**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 / 17

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara I. Ericson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 175 N Elm Grove Rd Unit B		<b>Transaction ID:</b> C4272858
City Brookfield	State WI	Zip Code 53005-6229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Farkas		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 171 W. 57th Street, PH1		<b>Transaction ID:</b> C4273293
City New York	State NY	Zip Code 10019-2222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Insignia Financial Group	Occupation Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Susan Friesen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1307 Hawk Tree Dr		<b>Transaction ID:</b> C4273078
City College Station	State TX	Zip Code 77845-5139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

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

5750.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America

<b>A.</b> Full Name (Last, First, Middle Initial) Melissa Gellman Mailing Address 205 E. 78th Street, Apt. 17B City New York State NY Zip Code 10021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Public Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2007 <b>Transaction ID: C4273304</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth S Hager Mailing Address 5 Pleasant View Ave City Concord State NH Zip Code 03301-2555 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer United Way of Merrimack County Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2007 <b>Transaction ID: C4272621</b> Amount of Each Receipt this Period 550.00
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth S Hager Mailing Address 5 Pleasant View Ave City Concord State NH Zip Code 03301-2555 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer United Way of Merrimack County Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2007 <b>Transaction ID: C4272622</b> Amount of Each Receipt this Period 50.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(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

Full Name (Last, First, Middle Initial)

A. Jeanette A. Hansen

Mailing Address 11683 Carver Rd

City

Clatskanie

State

OR

Zip Code

97016-3003

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: C4272924

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

B. Signa M. Hermann

Mailing Address 30 Foreway Dr

City

Saint Louis

State

MO

Zip Code

63124-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unemployed

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: C4272633

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edmond Hutchinson

Mailing Address 10 Harrison Ave

City

Helena

State

MT

Zip Code

59601-6234

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  
0 5 / 3 1 / 2 0 0 7

Transaction ID: C4272819

Amount of Each Receipt this Period

250.00

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

970.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America

**A.** Full Name (Last, First, Middle Initial)  
Susan M Hyatt  
Mailing Address 42 Tuscaloosa Ave

City State Zip Code  
Atherton CA 94027-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Community Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

Transaction ID: C4272224

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Rosalyn I. Jonas  
Mailing Address 6716 Melody Ln

City State Zip Code  
Bethesda MD 20817-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

Transaction ID: C4272465

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah Kidwell  
Mailing Address 3119 Montana Ln

City State Zip Code  
Claremont CA 91711-2258

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  
0 5 / 3 1 / 2 0 0 7

Transaction ID: C4272135

Amount of Each Receipt this Period

300.00

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

1050.00

**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 12 / 17

(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

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

Kathleen Knobe

Mailing Address 73 Langdon St

City State Zip Code  
 Cambridge MA 02138-2501

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  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: C4272417

Amount of Each Receipt this Period

500.00

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

Marcena W Love

Mailing Address 1175 Pelham Rd

City State Zip Code  
 Winnetka IL 60093-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Activist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

Transaction ID: C4272488

Amount of Each Receipt this Period

3000.00

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

Margie H. Pearson

Mailing Address 708 Oaklawn Ave

City State Zip Code  
 Winston Salem NC 27104-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: C4272540

Amount of Each Receipt this Period

250.00

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

3750.00

**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 13 / 17

(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

Full Name (Last, First, Middle Initial)

A. Jennifer F. Reinganum

Mailing Address 2105 32nd Ave S

City

Nashville

State

TN

Zip Code

37212-4042

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
0	5		3	1		2	0	0	7

Transaction ID: C4273399

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Janet Smith

Mailing Address 831 Avonwood Drive

City

Wayne

State

PA

Zip Code

19087-1960

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	7

Transaction ID: C4273372

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Walter Strack

Mailing Address 7406 Spring Village Dr

City

Springfield

State

VA

Zip Code

22150-4907

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	7

Transaction ID: C4273210

Amount of Each Receipt this Period

300.00

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(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

**A.** Full Name (Last, First, Middle Initial)  
Maria T Vullo

Mailing Address 40 W. 77th Street, #16-A

City State Zip Code  
New York NY 10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paul, Weiss, Rifkind, Wha-  
rton and GarrOccupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	7

Transaction ID: C4273295

Amount of Each Receipt this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Debra Weinberg

Mailing Address 2 Huntersworth Ct

City State Zip Code  
Owings Mills MD 21117-1541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The AssociatedOccupation  
Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	7

Transaction ID: C4272426

Amount of Each Receipt this Period

250.00

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

5250.00

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

20620.00

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

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

FOR LINE NUMBER: PAGE 15 / 17

(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

**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 ▼

1053.26

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: C4211860

Amount of Each Receipt this Period

255.18

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

255.18

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

255.18

# **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 16 / 17

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Allfirst		<b>Transaction ID:</b> D165834 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		3	1		2	0	0	7													
Mailing Address PO Box 1596		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>10.66</td> </tr> </table>	10.66																			
10.66																						
City Baltimore State MD Zip Code 21203-1596																						
Purpose of Disbursement Banking Fees																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>85.00</td> </tr> </table>	85.00																			
85.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) Allfirst																						
Mailing Address PO Box 1596																						
City Baltimore State MD Zip Code 21203-1596																						
Purpose of Disbursement Credit Card Processing Fees		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>6076.90</td> </tr> </table>	6076.90																			
6076.90																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
<b>C.</b> Full Name (Last, First, Middle Initial) Donor Services Group		<b>Transaction ID:</b> D165829 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	1		2	0	0	7													
Mailing Address 11500 W Olympic Blvd Ste 540		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>6172.56</td> </tr> </table>	6172.56																			
6172.56																						
City Los Angeles State CA Zip Code 90064-1525																						
Purpose of Disbursement Telemarketing Fundraising for PAC																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>6172.56</td> </tr> </table>	6172.56																			
6172.56																						
<b>Subtotal</b> of Disbursements This Page (optional) .....																						
<b>Total</b> This Period (last page this line number only) .....																						
SUBTOTAL of Disbursements This Page (optional) .....																						



# **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 17 / 17

<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

Full Name (Last, First, Middle Initial)

## **A. 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

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: D165833

Date of Disbursement

05 / 25 / 2007

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. TC Mailing**

Mailing Address 809 Keith Lane

City Owings State MD Zip Code 20736-3110

Purpose of Disbursement  
Printing for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: D165831

Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

2000.00

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

2050.00

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

8222.56