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 AUG 30 P 2:49

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: PRIMARY | Date of Election: 9/11/01 | State: MA

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

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

5. COVERING PERIOD: FROM 7/1/01 THROUGH 8/22/01

PAGE 1 OF 3

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
MASS NARAL 41 WINTER ST STE 65 BOSTON MA 02108 "	STAFF TIME	8/20/01	3,090.00 (ESTIMATED)	X		CHERYL JACQUES MA-09
	PHONE CALLS	8/20/01	715.92 (ESTIMATED)	X		"

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

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 4,804.58

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): Monica K. Mills DATE: 8-30-2001

Subscribed and sworn to before me this 30 day of August, 19 2001

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

Any information reported herein may not be copied for sale or use by any person for the purpose 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)

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City, State and ZIP Code
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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
PRIMARY	9/11/01	MA

☐ 30-Day Report following the General Election.

Date of Election	State

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

5. COVERING PERIOD: FROM 7/1/01 THROUGH 8/22/01

PAGE 2 OF 3

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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
NARAL FOUNDATION 1156 15th ST NW STE 700 WASHINGTON DC 20005	LIST RENTAL	8/9/01	216.45	X		CHERYL JACQUES MA-09
BLACKMIRE COMMUNICATIONS 1890 PRESTON WHITE DR #105 RESTON VA 20191	LIST PROCESSING	8/22/01	700.	X		"

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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Date of Election	State

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5. COVERING PERIOD: FROM 7/1/01 THROUGH 8/22/01

PAGE 3 OF 3

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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
CTSG 1804 VERNON ST NW WASHINGTON DC 20009	EMAIL ALERTS	8/14/01	2.21	X		CHERYL JACQUES MA-09

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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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 8-30-01
☐	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	

JMP
PREPARER

8-30-01
DATE PREPARED

(6/2000)