

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 PAC

ADDRESS (number and street) 1156 15th Street NW, Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** 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 11 07 2006 in the State of DC
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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 02 19 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		635155.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	599318.75									
(c) Total Receipts (from Line 19)	216904.43	799205.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	816223.18	1434361.36								
7. Total Disbursements (from Line 31)	653045.77	1271183.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163177.41	163177.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	34427.92									

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**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	31160.00	183793.00
(i) Itemized (use Schedule A)	185494.43	588578.04
(ii) Unitemized	216654.43	772371.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	216654.43	777371.04
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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	261.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	21323.16
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))	216904.43	799205.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	216904.43	799205.99

DETAILED SUMMARY PAGE
of Disbursements

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	246081.32	524824.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	246081.32	524824.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	340410.00
24. Independent Expenditure (use Schedule E)	337349.00	337349.00
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	985.00
(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	985.00
29. Other Disbursements.....	67615.45	67615.45
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))..	653045.77	1271183.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	653045.77	1271183.95

DETAILED SUMMARY PAGE
of Disbursements

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)	216654.43	777371.04
34. Total Contribution Refunds (from Line 28(d))	0.00	985.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	216654.43	776386.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	246081.32	524824.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	261.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	246081.32	524562.71

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 PAC

Full Name (Last, First, Middle Initial) A. Sandra E Berg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1472 W Belle Plaine		Transaction ID: C276974
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Gwen Bergner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 56 Webster Avenue		Transaction ID: C273518
City State Zip Code Morgantown WV 26501-6867	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested English Professor Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Nancy Bernstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1425 Wightman St		Transaction ID: C274392
City State Zip Code Pittsburgh PA 15217-1240	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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: (check only one)	PAGE 7 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Rebecca L. Besson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 9529 Nightsong Ln		Transaction ID: C273591	
City State Zip Code Columbia MD 21046-2065	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Jane Bierstedt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 535 Oakvale Ter		Transaction ID: C274012	
City State Zip Code Walnut Creek CA 94597-3947	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Sara Bolder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 517 Neilson Street		Transaction ID: C273536	
City State Zip Code Berkeley CA 94707-1502	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Progressive Jewish Alliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Development Officer Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
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: (check only one)	PAGE 8 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Martha Brandon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 9719 Golf Club Dr		Transaction ID: C273372
City State Zip Code Granite Bay CA 95746-6756	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Alan Brodie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2016 North Cleveland Ave.		Transaction ID: C274150
City State Zip Code Chicago IL 60614-4528	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Clarissa D. Coffin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 43		Transaction ID: C276332
City State Zip Code Whately MA 01093-0043	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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: (check only one)	PAGE 9 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Karen Cohen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 40 East 78th Street		Transaction ID: C276916	
City State Zip Code New York NY 10021-1830	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Minnie L Collier		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 225 Marine Place		Transaction ID: C276751	
City State Zip Code Manhattan Beach CA 90266-4436	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Michele Cone		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 260 W. Broadway Apt. 10A		Transaction ID: C273255	
City State Zip Code New York NY 10013-2262	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Teacher Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	2525.00
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: (check only one)	PAGE 10 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America PAC

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

Mailing Address 14 Monmouth Court

City State Zip Code
 Brookline MA 02446-5634

FEC ID number of contributing federal political committee. **C**

Name of Employer 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 Y
 1 0 / 0 2 / 2 0 0 6

Transaction ID: C274204

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
 Rebecca Crown

Mailing Address 17 Woodley Road

City State Zip Code
 Winnetka IL 60093-3738

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 Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: C274652

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
 Anne N Curtin

Mailing Address 9 E 92nd St

City State Zip Code
 New York NY 10128-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 2 / 2 0 0 6

Transaction ID: C274073

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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: (check only one)	PAGE 11 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Ruth Dayhoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 4309 Rosedale Ave		Transaction ID: C274377	
City Bethesda	State MD	Zip Code 20814-4750	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer US Government	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Michael Dear		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 3009 Linda Ln.		Transaction ID: C273294	
City Santa Monica	State CA	Zip Code 90405-5810	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Southern California	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Barbara A Eickel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 17624 Chaparrel		Transaction ID: C274400	
City Kemp	State TX	Zip Code 75143	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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: (check only one)	PAGE 12 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Vickie L Epstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2271 Woodland Hills Drive		Transaction ID: C274091
City State Zip Code Blacksburg VA 24060-9269	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Vickie L Epstein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 2271 Woodland Hills Drive		Transaction ID: C273260
City State Zip Code Blacksburg VA 24060-9269	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ginny H. Epsten		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1030 W 66th Ter		Transaction ID: C276581
City State Zip Code Kansas City MO 64113	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	525.00
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: (check only one)	PAGE 13 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Abigail Faulkner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 345 Kelton Road		Transaction ID: C274524
City E Montpelier	State VT	Zip Code 05651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sally J. Finnican		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 305 Indian Rock Rd		Transaction ID: C272611
City New Canaan	State CT	Zip Code 06840-3122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Janet Fitch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2431 Lakeview Avenue		Transaction ID: C272337
City Los Angeles	State CA	Zip Code 90039-3314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	725.00
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: (check only one)	PAGE 14 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Barbara Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 11488 Milton Road		Transaction ID: C276397	
City State Zip Code Valley Springs CA 95252-9085	Amount of Each Receipt this Period 510.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) B. Lemuel N. Fraser		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 5741 Elder Pl.		Transaction ID: C272281	
City State Zip Code Madison WI 53705-2516	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Joyce Gelb		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 131 Riverside Dr		Transaction ID: C273292	
City State Zip Code New York NY 10024-3713	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	960.00
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 15 / 65
	(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 PAC

Full Name (Last, First, Middle Initial) A. Jane Gil		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 290 Riverside Dr # 15B		Transaction ID: C272925	
City State Zip Code New York NY 10025-5200	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Horticulturist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Melanie Gray		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 3718 Inverness Dr		Transaction ID: C276898	
City State Zip Code Houston TX 77019-1104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Barbara G. Hager		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 783 Garfield Ave		Transaction ID: C272449	
City State Zip Code Bridgeport CT 06606-5254	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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: (check only one)	PAGE 16 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Judith A. Hart		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 3109 Douglas Cir		Transaction ID: C272347
City State Zip Code Lake Oswego OR 97035-3550	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Sheryl Henley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 404 Parkridge		Transaction ID: C274094
City State Zip Code Tampa FL 33617-4145	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Doreen N Hermelin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 31500 Bingham Rd		Transaction ID: C275283
City State Zip Code Bingham Farms MI 48025-4340	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 17 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Nance Hikes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 143 Westbridge Drive		Transaction ID: C273289
City State Zip Code Berea OH 44017-1547	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John Harry Hill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 11377 SW 84th Street		Transaction ID: C276656
City State Zip Code Miami FL 33173-3644	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Claire Jacobus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6
Mailing Address 37 Cleveland Lane		Transaction ID: C273208
City State Zip Code Princeton NJ 08540-3049	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	625.00
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: (check only one)	PAGE 18 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Full Name (Last, First, Middle Initial)
Cornelia D. Jahncke

Mailing Address 125 W. Lyon Farm Dr.

City State Zip Code
Greenwich CT 06831-4352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C276663

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dorothy Jenney

Mailing Address 70 Landfall

City State Zip Code
Falmouth MA 02540-1658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C272666

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Glad M. Kaletta

Mailing Address 4730 W 77th St

City State Zip Code
Prairie Vlg KS 66208-4314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C274659

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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: (check only one)	PAGE 19 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Full Name (Last, First, Middle Initial) Carolyn Langenkamp Mailing Address 10533 Garden Hwy City State Zip Code Sacramento CA 95837		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: C274127 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Carol Weiner Levy Mailing Address 77 Walnut Court City State Zip Code Englewood NJ 07631-3108		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: C276831 Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Emily Lucius Mailing Address 3529 Lowell St City State Zip Code San Diego CA 92106-1716		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 Transaction ID: C273956 Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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: (check only one)	PAGE 20 / 65
	<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 PAC

Full Name (Last, First, Middle Initial) A. Dolly L. Maass		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 4408 Theall Rd		Transaction ID: C272318	
City State Zip Code Rye NY 10580-1480		Amount of Each Receipt this Period 310.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Evie Macway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 714 Braeview Road		Transaction ID: C272753	
City State Zip Code Louisville KY 40206-2990		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Pastor Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Jana Maher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address # 3 Miller Rd		Transaction ID: C275918	
City State Zip Code New Vernon NJ 07976		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	660.00
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: (check only one)	PAGE 21 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

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

Mailing Address 1275 Fritz Cir

City State Zip Code
Huntingdon Vv PA 19006-5904

FEC ID number of contributing federal political committee. **C**

Name of Employer
Childrens Hospital of PA

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: C279466

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Helen Marlborough

Mailing Address 611 W Fullerton Pkwy

City State Zip Code
Chicago IL 60614

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
1 0 / 0 2 / 2 0 0 6

Transaction ID: C274444

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Robert Mc Kay

Mailing Address 319 North First Street

City State Zip Code
Bridgewater VA 22812-1300

FEC ID number of contributing federal political committee. **C**

Name of Employer
N/A

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 6

Transaction ID: C272794

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional)	850.00
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: (check only one)	PAGE 22 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial) A. Al Meltzer		Date of Receipt MM / DD / YYYY 10 / 05 / 2006
Mailing Address 208 West Lake Drive		Transaction ID: C272928
City Annapolis	State MD	Zip Code 21403-4431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Walter A. Mendelsohn		Date of Receipt MM / DD / YYYY 10 / 02 / 2006
Mailing Address 4201 N. Ocean Blvd. Apt. 1207-C		Transaction ID: C276666
City Boca Raton	State FL	Zip Code 33431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Bonner Meudell		Date of Receipt MM / DD / YYYY 10 / 02 / 2006
Mailing Address 471 W Montecito Ave		Transaction ID: C272340
City Sierra Madre	State CA	Zip Code 91024-1715
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Karser	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	550.00
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: (check only one)	PAGE 23 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

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

Mailing Address 624 Pine St.

City State Zip Code
Boulder CO 80302-4740

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Transaction ID: C274178

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Betty Y. Musser

Mailing Address 3500 W. Chester Pike #CH-101

City State Zip Code
Newtown Square PA 19073-4101

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 Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C274684

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Theodore Nagel

Mailing Address 2506 Lake Pl

City State Zip Code
Minneapolis MN 55405-2475

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 Y
1 0 / 0 4 / 2 0 0 6

Transaction ID: C272729

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	675.00
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: (check only one)	PAGE 24 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Shirley Nash		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address PO Box 348		Transaction ID: C274278
City Chester Springs	State PA	Zip Code 19425-0348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Nell Newman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 137 Forest Ave		Transaction ID: C275693
City Santa Cruz	State CA	Zip Code 95062-2622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Patricia Noyes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2014 Elk Ave		Transaction ID: C272655
City Eugene	State OR	Zip Code 97403-1734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
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: (check only one)	PAGE 25 / 65
	<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 PAC

Full Name (Last, First, Middle Initial) A. Katrina Parson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address PO Box 138		Transaction ID: C275700	
City State Zip Code Brooklin ME 04616-0138		Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Toni Paul		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 10827 Lockland Rd		Transaction ID: C275228	
City State Zip Code Potomac MD 20854-1855		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Toby Pecker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 15 Sidehill Lane		Transaction ID: C272402	
City State Zip Code Yonkers NY 10710-2332		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	910.00
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: (check only one)	PAGE 26 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Joseph Pereles		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 13456 Maple Ridge Ct		Transaction ID: C276749
City State Zip Code Saint Louis MO 63141-7221	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Drury Inns, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Eileen Peterson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 199 Edwards St		Transaction ID: C273660
City State Zip Code Bishop CA 93514-3303	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. Susan Poverman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 65 Larchwood Drive		Transaction ID: C274303
City State Zip Code Cambridge MA 02138-4638	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	530.00
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: (check only one)	PAGE 27 / 65
	<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 PAC

Full Name (Last, First, Middle Initial) A. Penny Reiff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 528 General Lafayette Rd		Transaction ID: C273707	
City State Zip Code Marion Staton PA 19066-0000	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Helene Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 154 Lyme Road		Transaction ID: C272443	
City State Zip Code Hanover NH 03755-0000	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Curatar of Visual Collections Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Helene Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 154 Lyme Road		Transaction ID: C272760	
City State Zip Code Hanover NH 03755-0000	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard University Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Curatar of Visual Collections Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	250.00
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: (check only one)	PAGE 28 / 65
	<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 PAC

Full Name (Last, First, Middle Initial) A. Helene Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 154 Lyme Road		Transaction ID: C273386	
City State Zip Code Hanover NH 03755-0000	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Harvard University	Occupation Curatar of Visual Collections		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. James Rock		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 48 Henry St		Transaction ID: C274880	
City State Zip Code Norwich CT 06360-6458	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Elizabeth Rosenthal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 31 the Glen		Transaction ID: C272663	
City State Zip Code Locust Valley NY 11560-2211	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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: (check only one)	PAGE 29 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 PAC

Full Name (Last, First, Middle Initial) A. Beth Dana Rubenstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address 451 29th Street		Transaction ID: C275497	
City State Zip Code San Francisco CA 94171	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Elizabeth Sadewhite		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 3 Mt Pleasant Lane		Transaction ID: C272441	
City State Zip Code Irvington NY 10533-0000	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Karen Sakamoto		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 333 E 50th St		Transaction ID: C273069	
City State Zip Code Minneapolis MN 55419-1421	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
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 30 / 65
	(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 PAC

Full Name (Last, First, Middle Initial) A. Rosalind Schaefer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6	
Mailing Address W Creek Farms Rd		Transaction ID: C275498	
City State Zip Code Sands Point NY 11050	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Donna K Sees		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 100 Cove Ln		Transaction ID: C274092	
City State Zip Code Media PA 19063-1822	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Doris Semler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1021 N Chicago Ave		Transaction ID: C274566	
City State Zip Code Arlington Hts IL 60004-4426	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1025.00
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: (check only one)	PAGE 31 / 65
	<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 PAC

Full Name (Last, First, Middle Initial) A. Deborah S. Sharpe		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 15 Historical Way		Transaction ID: C276546
City State Zip Code Canton MA 02021-2227	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Extrusion Tech, Inc.	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. Pamela K. Shields		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1430 Masonic Ave		Transaction ID: C274242
City State Zip Code San Francisco CA 94117-4526	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Jane Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 2065 W Picadilly Ln		Transaction ID: C272354
City State Zip Code Hanford CA 93230-9151	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
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: (check only one)	PAGE 32 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Susan Steif		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 1012 Oakleaf Circle		Transaction ID: C273377
City Blythewood	State SC	Zip Code 29016-9766
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Carolyn Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1156 15th St, NW		Transaction ID: C276983
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested NARAL Pro-Choice America	Occupation Information Requested Affiliate Development Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Amy Teplin-Post		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 215 E 72nd Street		Transaction ID: C274069
City New York	State NY	Zip Code 10021-4576
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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: (check only one)	PAGE 33 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

Full Name (Last, First, Middle Initial) A. Roger Tilles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address The Tilles Family		Transaction ID: C276984	
City State Zip Code Great Neck NY 11021		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Tilles Investment Company		Occupation Real Estate Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Gloria Turk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address Rocking Horse Ranch		Transaction ID: C275692	
City State Zip Code Highland NY 12528		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dolores A. Van Vleck		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 930 Evergreen Drive		Transaction ID: C273249	
City State Zip Code Lincoln NE 68510-4127		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer N/A		Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	5400.00
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: (check only one)	PAGE 34 / 65
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial) A. Frances K. Walton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 15675 263rd Ave SE		Transaction ID: C273005	
City Issaquah	State WA	Amount of Each Receipt this Period 100.00	
Zip Code 98027-8260		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ira T. Wender		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 115 E 67th St # 6C		Transaction ID: C274027	
City New York	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 10021-5951		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Cheryl Wilfong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 314 Partridge Rd.		Transaction ID: C273006	
City E Dummerston	State VT	Amount of Each Receipt this Period 500.00	
Zip Code 05346		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

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 35 / 65
	(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

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 PAC

Full Name (Last, First, Middle Initial) A. Christine M. Wolak		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 9605 Davona Drive		Transaction ID: C275934
City State Zip Code San Ramon CA 94583	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer SPL World Group	Occupation Computer Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Beth V. Zubatkin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 11 Highview Terrace		Transaction ID: C273915
City State Zip Code Somers NY 10589-2800	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	31160.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 65
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" 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 PAC

A. Full Name (Last, First, Middle Initial)
Montanans for Tester

Mailing Address PO Box 1258

City State Zip Code
Big Sandy MT 59520

FEC ID number of contributing federal political committee. **C** C00412304

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C277007

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

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)

<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 PAC

A. Allfirst Full Name (Last, First, Middle Initial) Mailing Address PO Box 1596 City Baltimore State MD Zip Code 21203 Purpose of Disbursement Credit Card 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) ▼		Transaction ID: D933 Date of Disbursement 10 / 03 / 2006 Amount of Each Disbursement this Period 527.98 Category/Type
---	--	---

B. Direct Advantage Marketing Full Name (Last, First, Middle Initial) Mailing Address 5601 Hobart Street City Philadelphia State PA Zip Code 15217 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) ▼		Transaction ID: D865 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 12894.70 Category/Type
--	--	---

C. Direct Advantage Marketing Full Name (Last, First, Middle Initial) Mailing Address 5601 Hobart Street City Philadelphia State PA Zip Code 15217 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) ▼		Transaction ID: D869 Date of Disbursement 10 / 06 / 2006 Amount of Each Disbursement this Period 10414.95 Category/Type
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	23837.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 38 / 65

<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 PAC

Full Name (Last, First, Middle Initial) A. Donor Services Group		Transaction ID: D864 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 6365.39
City Los Angeles State CA Zip Code 90064	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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Global Payment Solutions		Transaction ID: D875 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 2355.70
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Credit Card Processing 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Harris Direct		Transaction ID: D866 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 6800 Owensmouth Avenue Suite 200		Amount of Each Disbursement this Period 28400.00
City Canoga Park State CA Zip Code 91303	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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	37121.09
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 39 / 65

<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 PAC

Full Name (Last, First, Middle Initial) A. Harris Direct		Transaction ID: D872 Date of Disbursement 10 / 13 / 2006	
Mailing Address 6800 Owensmouth Avenue Suite 200		Amount of Each Disbursement this Period 4788.00	
City Canoga Park State CA Zip Code 91303	Purpose of Disbursement Telemarketing Fundraising for PAC Candidate Name Category/Type		
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) ▼		

Full Name (Last, First, Middle Initial) B. L&E		Transaction ID: D873 Date of Disbursement 10 / 13 / 2006	
Mailing Address 7400 Fullerton Road Suite 110		Amount of Each Disbursement this Period 2253.96	
City Springfield State VA Zip Code 22153	Purpose of Disbursement Direct Mail For PAC Candidate Name Category/Type		
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) ▼		

Full Name (Last, First, Middle Initial) C. Mission Control, Inc.		Transaction ID: D870 Date of Disbursement 10 / 11 / 2006	
Mailing Address 201 Adams		Amount of Each Disbursement this Period 169200.00	
City Manchester State CT Zip Code 06040	Purpose of Disbursement Direct Mail Candidate Name Category/Type		
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	176241.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 40 / 65

<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 PAC

Full Name (Last, First, Middle Initial) A. SD&A Teleservices, Inc.		Transaction ID: D867 Date of Disbursement
Mailing Address 101 Continental Boulevard Suite 400		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City El Segundo	State CA	Zip Code 90245
Purpose of Disbursement Telemarketing Fundraising for PAC		Amount of Each Disbursement this Period <input type="text" value="7127.60"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SD&A Teleservices, Inc.		Transaction ID: D874 Date of Disbursement
Mailing Address 101 Continental Boulevard Suite 400		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City El Segundo	State CA	Zip Code 90245
Purpose of Disbursement Telemarketing Fundraising for PAC		Amount of Each Disbursement this Period <input type="text" value="1753.05"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional) ►

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 41 / 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 PAC

Full Name (Last, First, Middle Initial)

A. Friends of Phil Hare

Mailing Address P.O. Box 4183

City State Zip Code
Rock Island IL 61202

Purpose of Disbursement
Contribution

Candidate Name
Phil Hare

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IL District: 17

Transaction ID: D879

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

**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 42 / 65

<input 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 checked="" 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 PAC

Full Name (Last, First, Middle Initial) A. NARAL ProChoice America, Inc.		Transaction ID: D878 Date of Disbursement 10 / 18 / 2006
Mailing Address 1156 15th Street NW		Amount of Each Disbursement this Period 67615.45
City Washington State DC Zip Code 20005	Purpose of Disbursement Donation	
Candidate Name	Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	67615.45
TOTAL This Period (last page this line number only)	▶	67615.45

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
NARAL Pro-Choice America PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LSG Strategies	Nature of Debt (Purpose): Automated Calls
Mailing Address 2120 L Street, NW Suite 305	
City State ZIP Code Washington DC 20037	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D1028	
Amount Incurred This Period 1258.96	Payment This Period 0.00	Outstanding Balance at Close of This Period 1258.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LSG Strategies	Nature of Debt (Purpose): Automated Calls
Mailing Address 2120 L Street, NW Suite 305	
City State ZIP Code Washington DC 20037	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D976	
Amount Incurred This Period 16560.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 16560.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LSG Strategies	Nature of Debt (Purpose): Automated Calls
Mailing Address 2120 L Street, NW Suite 305	
City State ZIP Code Washington DC 20037	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D975	
Amount Incurred This Period 16608.48	Payment This Period 0.00	Outstanding Balance at Close of This Period 16608.48

1) SUBTOTALS This Period This Page (optional).....	34427.92
2) TOTALS This Period (last page this line number only).....	34427.92
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Randy Graf

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
1600.60

Transaction ID: D927

Office Sought: House State: AZ
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
1524.12

Transaction ID: D917

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Calendar Year-To-Date Per Election for Office Sought 40545.00

Date
MM / DD / YYYY
10 / 16 / 2006

Amount
1600.60

Transaction ID: D1025

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Mike Whalen

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
MM / DD / YYYY
10 / 17 / 2006

Amount
629.48

Transaction ID: D979

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date MM / DD / YYYY

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Bruce L. Braley

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
629.48

Transaction ID: D978

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Calendar Year-To-Date Per Election for Office Sought 87584.50

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
3311.60

Transaction ID: D931

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Calendar Year-To-Date Per Election for Office Sought 87584.50

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
3714.16

Transaction ID: D930

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Calendar Year-To-Date Per Election for Office Sought 87584.50

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
3479.44

Transaction ID: D928

Office Sought: House State: PA
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Date

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

Mailing Address
2120 L Street, NW
Suite 305

Amount

1664.68

City	State	Zip Code
Washington	DC	20037

Transaction ID: D926

Office Sought: House State: AZ
 Senate District: 08
 Presidential

Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Randy Graf

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Date

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

Mailing Address
2120 L Street, NW
Suite 305

Amount

1642.08

City	State	Zip Code
Washington	DC	20037

Transaction ID: D925

Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JD Hayworth

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	40545.00
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[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

M	M	/	D	D	/	Y	Y	Y	Y

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
2120 L Street, NW
Suite 305

Amount
1518.64

City State Zip Code
Washington DC 20037

Transaction ID: D924
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure
Automated Calls

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JD Hayworth

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 40545.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
2120 L Street, NW
Suite 305

Amount
1630.36

City State Zip Code
Washington DC 20037

Transaction ID: D923
Office Sought: House State: AZ
 Senate District: 01
 Presidential

Purpose of Expenditure
Automated Calls

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Rick Renzi

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 40545.00

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City Washington	State DC	Zip Code 20037
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Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rick Renzi

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
1524.12

Transaction ID: D922

Office Sought: House State: AZ
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City Washington	State DC	Zip Code 20037
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Purpose of Expenditure Automated Calls	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
1642.08

Transaction ID: D921

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Calendar Year-To-Date Per Election for Office Sought 40545.00

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
1630.36

Transaction ID: D920

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Calendar Year-To-Date Per Election for Office Sought 40545.00

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
1664.68

Transaction ID: D919

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
1518.64

Transaction ID: D918

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 40545.00

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
LSG Strategies

Mailing Address
2120 L Street, NW
Suite 305

City Washington	State DC	Zip Code 20037
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Purpose of Expenditure Automated Calls	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
3502.80

Transaction ID: D929

Office Sought: House State: PA
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 87584.50

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D890
Office Sought: House State: AZ
 Senate District: 01
 Presidential

Purpose of Expenditure Category/Type
Printing

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Rick Renzi

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
40545.00

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
7950.00

City State Zip Code
Manchester CT 06040

Transaction ID: D886
Office Sought: House State: AZ
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Postage

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
40545.00

(a) SUBTOTAL of Itemized Independent Expenditures	20272.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D883
Office Sought: House State: AZ
 Senate District: _____
 Presidential

Purpose of Expenditure
Printing

Category/
Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 40545.00

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
7950.00

City State Zip Code
Manchester CT 06040

Transaction ID: D884
Office Sought: House State: AZ
 Senate District: _____
 Presidential

Purpose of Expenditure
Postage

Category/
Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 40545.00

(a) SUBTOTAL of Itemized Independent Expenditures 20272.50

(b) SUBTOTAL of Unitemized Independent Expenditures 0.00

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D904
Office Sought: House State: AZ
 Senate District: 08
 Presidential

Purpose of Expenditure Category/Type
Printing

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Randy Graf

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
40545.00

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
16800.00

City State Zip Code
Manchester CT 06040

Transaction ID: D914
Office Sought: House State: PA
 Senate District: 08
 Presidential

Purpose of Expenditure Category/Type
Postage

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
87584.50

(a) SUBTOTAL of Itemized Independent Expenditures	29122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Printing

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Calendar Year-To-Date Per Election for Office Sought 87584.50

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
26040.00

Transaction ID: D913

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Postage

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Calendar Year-To-Date Per Election for Office Sought 87584.50

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
16800.00

Transaction ID: D912

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	42840.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Calendar Year-To-Date Per Election for Office Sought	87584.50
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
26040.00

Transaction ID: D911

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
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Purpose of Expenditure Creative Photography	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Calendar Year-To-Date Per Election for Office Sought	87584.50
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
1904.50

Transaction ID: D910

Office Sought: House State: PA
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	27944.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Postage	Category/ Type
-----------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Calendar Year-To-Date Per Election for Office Sought	87584.50
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
16800.00

Transaction ID: D909

Office Sought: House State: PA
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Calendar Year-To-Date Per Election for Office Sought	87584.50
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
26040.00

Transaction ID: D908

Office Sought: House State: PA
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	42840.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
16800.00

City State Zip Code
Manchester CT 06040

Transaction ID: D907

Purpose of Expenditure Category/Type
Postage

Office Sought: House State: PA
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
87584.50

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D885

Purpose of Expenditure Category/Type
Printing

Office Sought: House State: AZ
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Jon Kyl

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
40545.00

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	29122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
7950.00

City State Zip Code
Manchester CT 06040

Transaction ID: D905
Office Sought: House State: AZ
 Senate District: 08
 Presidential

Purpose of Expenditure Category/Type
Postage

Name of Federal Candidate supported or Opposed by expenditure:
Randy Graf

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
40545.00

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
1904.50

City State Zip Code
Manchester CT 06040

Transaction ID: D916
Office Sought: House State: PA
 Senate District: 08
 Presidential

Purpose of Expenditure Category/Type
Creative Photography

Name of Federal Candidate supported or Opposed by expenditure:
Mike Fitzpatrick

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
87584.50

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	9854.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Postage	Category/ Type
-----------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Randy Graf

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
7950.00

Transaction ID: D903

Office Sought: House State: AZ
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Randy Graf

Calendar Year-To-Date Per Election for Office Sought	40545.00
---	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
12322.50

Transaction ID: D902

Office Sought: House State: AZ
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20272.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y
Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Postage	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
JD Hayworth

Calendar Year-To-Date Per Election for Office Sought	40545.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
7950.00

Transaction ID: D900

Office Sought: House State: AZ
 Senate District: 05
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
JD Hayworth

Calendar Year-To-Date Per Election for Office Sought	40545.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 6

Amount
12322.50

Transaction ID: D899

Office Sought: House State: AZ
 Senate District: 05
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20272.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
7950.00

City State Zip Code
Manchester CT 06040

Transaction ID: D898
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Category/Type
Postage

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JD Hayworth

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
40545.00

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Mailing Address
201 Adams
Manchester, CT 06040

Amount
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D897
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Category/Type
Printing

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JD Hayworth

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
40545.00

(a) SUBTOTAL of Itemized Independent Expenditures	20272.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER ▼ C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Postage	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Rick Renzi

Calendar Year-To-Date Per Election for Office Sought	40545.00
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Date

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

Amount
7950.00

Transaction ID: D893

Office Sought: House State: AZ
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rick Renzi

Calendar Year-To-Date Per Election for Office Sought	40545.00
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Date

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

Amount
12322.50

Transaction ID: D892

Office Sought: House State: AZ
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20272.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M	/	D D	/	Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC	FEC IDENTIFICATION NUMBER C C00079541
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Postage	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Rick Renzi

Calendar Year-To-Date Per Election for Office Sought	40545.00
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Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
7950.00

Transaction ID: D891

Office Sought: House State: AZ
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Mailing Address
201 Adams
Manchester, CT 06040

City Manchester	State CT	Zip Code 06040
--------------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Kurt Weldon

Calendar Year-To-Date Per Election for Office Sought	87584.50
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Date
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 6

Amount
26040.00

Transaction ID: D906

Office Sought: House State: PA
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	33990.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	337349.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y
Signature _____