22037894614

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 DEC 16 A 10:15

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

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

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☑ 30-Day Report following the General Election.

Date of Election	State
11/5/02	

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 1 OF 36

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Precision Communications 8601 Georgia Avenue, Ste. 806 Silver Spring, MD 20910	Phone Banks	10/25/02	$14,579.20	✔		Alex Sanders Senate - SC
Precision Communications 8601 Georgia Avenue, Ste. 806 Silver Spring, MD 20910	Phone Banks	11/4/02	$5,190.90	✔		Alex Sanders Senate - SC
Precision Communications 8601 Georgia Avenue, Ste. 806 Silver Spring, MD 20910	Phone Banks	10/26/02	$5,844.00	✔		Jeanne Shaheen Senate - NH

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ 711,507.24

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20__

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FE1A/01/01/JOF

22037894615

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is this filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes).

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

☐ 12-Day Report preceding this election.
Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 2 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$27,745.24	✔		Jeanne Shaheen Senate NH SEN
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$25,925.88	✔		Jeanne Shaheen Senate NH SEN
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$24,106.52	✔		Jeanne Shaheen Senate NH SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this ____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

Revised 1/2001

FE1PA031.PDF

22037894616

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

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

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

5. COVERING PERIOD FROM 10/17/02 THROUGH 11/25/02

PAGE 3 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$24,794.00	✓		Erskine Bowles Senate NC SEN
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/26/02	$25,307.68	✓		Erskine Bowles Senate NC SEN
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$24,870.78	✓		Jeanne Shaheen Senate NH SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in coordination with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FEC/ARCHIVE PDF

22037894617

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 4 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mission Control, Inc. 201 Adams St Manchester, CT 06040	Direct Mail	10/28/02	$34,077.25	✔		Frank Lautenberg Senate NJ SEN
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$19,780.25	✔		Paul Wellstone Senate MN SEN
Crounse Malchow Schlackman & Hoppey 1101 14th Street, 3rd Floor Washington, DC 20005	Direct Mail	10/28/02	$1,500.00	✔		Paul Wellstone Senate MN SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FEC AN061.FCF

22037894618

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 5 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Bates-Neimand 1025 Vermont Ave NW, Ste 830 Washington, DC 20005	Direct Mail	10/18/02	$41,286.97	✔		Ron Kirk Senate TX SEN
Bates-Neimand 1025 Vermont Ave NW, Ste 830 Washington, DC 20005	Direct Mail	10/28/02	$39,998.72	✔		Ron Kirk Senate TX SEN
Mission Control, Inc. 201 Adams St Manchester, CT 06040	Direct Mail	10/31/02	$31,077.12	✔		Frank Lautenberg Senate NJ SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers, sign page 1 only) DATE

Subscribed and sworn to before me this ..... day

of _____ (b)_____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)

22037894619

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 6 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mission Control, Inc. 201 Adams Street Manchester, CT 06040	Direct Mail	10/18/02	$52,287.36	✔		Frank Lautenberg Senate - NJ
Mission Control, Inc. 201 Adams Street Manchester, CT 06040	Direct Mail	10/28/02	$29,481.00	✔		Alex Sanders Senate - SC
Bates-Neimand 1025 Vermont Ave. NW, Suite 830 Washington, DC 20005	Direct Mail	10/18/02	$21,131.75	✔		Ron Kirk Senate -TX

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20__

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FE10N05.PDF

22037894620

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election — Type of Election — Date of Election — State
☐ 30-Day Report following the General Election — Date of Election — State

(b) Is the Report an amendment? Yes ☐ No ☑

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 7 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910	Phone Banks	10/18/02	$12,658.80	✔		Jeanne Shaheen Senate NH SEN
Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910	Phone Banks	11/04/02	$2,459.60	✔		Jeanne Shaheen Senate NH SEN
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	10/31/02	$14,514.67	✔		Max Cleland Senate GA SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____ 20 __

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)

22037894621

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of Individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 8 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	11/03/02	$3,224.56	✔		Max Cleland Senate GA SEN
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	11/04/02	$11,458.36	✔		Max Cleland Senate GA SEN
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	10/18/02	$26,490.36	✔		Ron Kirk Senate TX SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ _____ 20_____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-4530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FF1AN051.PDF

22037894622

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 8 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910	Phone Banks	10/18/02	$33,415.60	✔		Frank Lautenberg Senate NJ SEN
Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910	Phone Banks	10/25/02	$10,143.20	✔		Frank Lautenberg Senate NJ SEN
Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910	Phone Banks	11/04/02	$10,159.60	✔		Frank Lautenberg Senate NJ SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
888 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FEC/ARCS1 PDF

22037894623

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification Number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 10 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Landmark Strategies 6225 Brandon Ave. Ste 305 Springfield, VA 22150	Phone Banks	10/26/02	$14,959.44	✔		Erskine Bowles Senate SC SEN
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	11/03/02	$4,624.00	✔		Erskine Bowles Senate SC SEN
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	11/04/02	$6,298.20	✔		Erskine Bowles Senate SC SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the making, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this ..... day of _____, 20__

My Commission Expires _____

_____ (Notary Public)

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

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

101X001.PDF

22037894624

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 11 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	10/30/02	$8,271.30	✔		Bill Luther House MN 02
Landmark Strategies 6225 Brandon Ave, Ste 305 Springfield, VA 22150	Phone Banks	11/03/02	$938.45	✔		Bill Luther House MN 02
Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003	Phone Banks	10/25/02	$8,386.65	✔		Jean Carnahan Senate MO SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

PF1AM01.PDF

22037894625

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number:
C70002761

4. TYPE OF REPORT (check appropriate boxes)

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

☐ 12-Day Report preceding the election — Type of Election | Date of Election | State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 12 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Winning Connections 317 Pennsylvania Ave SE. 2nd Floor Washington, DC 20003	Phone Banks	10/28/02	$14,112.56	✔		Jean Carnahan Senate MO SEN
Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003	Phone Banks	11/02/02	$19,037.25	✔		Jean Carnahan Senate MO SEN
Winning Connections 317 Pennsylvania Ave SE. 2nd Floor Washington, DC 20003	Phone Banks	11/04/02	$4,792.70	✔		Jean Carnahan Senate MO SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

NOTE: Submission of false, fictitious or incomplete information may subject the person signing this report to the penalties of 5 U.S.C. 497a.

For further information, contact:
Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FEC 5 (REV. 1/2001)

22037894626

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes).

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 13 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003	Phone Banks	10/25/02	$8,157.90	✔		Tom Strickland Senate CO SEN
Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003	Phone Banks	11/02/02	$5,035.50	✔		Tom Strickland Senate CO SEN
Winning Connections 317 Pennsylvania Ave SE, 2nd Floor Washington, DC 20003	Phone Banks	11/04/02	$17,895.90	✔		Tom Strickland Senate CO SE

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FEC4805.PDF

22037894627

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 14 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Precision Communications 8601 Georgia Ave, Ste 806 Silver Spring, MD 20910	Phone Banks	10/31/02	$1,890.40	✔		Martha Fuller Clark House NH 01
CO NARAL 1905 Sherman St., Ste. 210 Denver, CO 80203	Fed. Voter Guide	10/18/02	$200.78	✔		Tom Strickland Senate CO SEN
CO NARAL 1905 Sherman St., Ste. 210 Denver, CO 80203	Fed. Voter Guide	10/18/02	$200.78	✔		Stan Matsunaka House CO 04

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the licensing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this ____ day of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

F81AW081.PDF

22037894628

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election Date of Election State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 15 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (Distrib, State) of Federal Candidate
CT NARAL 135 Broad St. Hartford, CT 06105	Fed. Voter Guide	10/24/02	$92.67	✔		John Larson House CT 01
CT NARAL 135 Broad St Hartford, CT 06105	Fed. Voter Guide	10/24/02	$92.67	✔		Rob Simmons House CT 02
CT NARAL 135 Broad St. Hartford, CT 06105	Fed. Voter Guide	10/24/02	$92.67	✔		Rosa DeLauro House CT 03

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this ____ day of ____, 20____

My Commission Expires ____

____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Tel. Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

22037894629

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 16 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
GARAL P.O. Box 5589 Atlanta, GA 31107	Fed. Voter Guide	10/22/02	$10.99	✔		Roger Kahn House GA 11
GARAL P.O. Box 5589 Atlanta, GA 31107	Fed. Voter Guide	10/22/02	$10.99	✔		Champ Walker House GA 12
GARAL P.O. Box 5589 Atlanta, GA 31107	Fed. Voter Guide	10/22/02	$10.99	✔		David Scott House GA 13

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
H5LANGSI.FDP

22037894630

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election.
Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 17 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		John Kerry Senate MA SEN
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		John Olver House MA 01
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		McGovern House MA 03

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FE5AN001.PDF

22037894631

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election — Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 18 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		Barney Frank House MA 04
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		Marty Meehan House MA 05
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		John Tierney House MA 06

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that it is a corporation or a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202 694-1100

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

FEC FORM 5
(Revised 1/2001)
F3140051.PDF

22037894632

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of Individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election — Type of Election | Date of Election | State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 19 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		Edward Markey House MA 07
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		Michael Capuano House MA 08
MASS NARAL 41 Winter St., Ste. 65 Boston, MA 02108	Fed. Voter Guide	10/25/02	$13.23	✔		Bill Delahunt House MA 10

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

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

Under penalty of perjury, I certify that the independent expenditure reported herein was not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, and that they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FEC/NRD/PCF

22037894633

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ Check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 20 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
MN NARAL 550 Rice St. St. Paul, MN 55103	Fed. Voter Guide	10/29/02	$82.76	✔		Paul Wellstone Senate MN SEN
MN NARAL 550 Rice St. St. Paul, MN 55103	Fed. Voter Guide	10/29/02	$82.76	✔		Bill Luther House MN 02
MN NARAL 550 Rice St. St. Paul, MN 55103	Fed. Voter Guide	10/29/02	$82.76	✔		Betty McCollum House MN 04

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

NOTE: Submission of false, fictitious or incomplete information may subject the person signing the report to the penalties of 2 U.S.C. 437g

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FEC/NRC-1.PDF

22037894634

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) [ ] check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? [✓] Yes [ ] No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year-End Report
[ ] July 31 Mid-Year Report

[ ] 12-Day Report preceding the election — Type of Election | Date of Election | State

[ ] 30-Day Report following the General Election — Date of Election | State

(b) Is this Report an amendment? Yes [ ] No [✓]

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 21 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
MN NARAL 550 Rice St. St. Paul, MN 55103	Fed. Voter Guide	10/23/02	$62.76	✓		Martin Sabo House MN 05
MO NARAL 4144 Lindell, Ste. 505 St. Louis, MO 63108	Fed. Voter Guide	10/21/2002	$1,660.96	✓		Jean Carnahan Senate MO SEN
MT NARAL P.O. Box 279 Helena, MT 59624	Fed. Voter Guide	10/31/2002	$116.74	✓		Max Baucus Senate MT SEN

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

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the handling, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this ____ day of _____ 20__

My Commission Expires _____

_____ (Notary Public)

NOTE: Submission of false, fraudulent or incomplete information may subject the person signing the report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

22037894635

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election — Type of Election — Date of Election — State
☐ 30-Day Report following the General Election — Date of Election — State

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

5. COVERING PERIOD, FROM 10/17/02 THROUGH 11/25/02 — PAGE 22 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
NARAL NH 18 Low Ave. Concord, NH 03301	Fed. Voter Guide	10/18/2002	$89.95	✔		Jeanne Shaheen Senate NH SEN
NARAL NH 18 Low Ave. Concord, NH 03301	Fed. Voter Guide	10/18/2002	$89.94	✔		Martha Fuller Clark House NH 01
SD NARAL 401 E. 8th St., Ste. 330G Sioux Falls, SD 57103	Fed. Voter Guide	09/03/2002	$44.51	✔		Stephanie Herseth House SD

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FE1ANGSI.PDF

22037894636

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) [ ] check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? [x] Yes [ ] No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year-End Report
[ ] July 31 Mid-Year Report

[ ] 12-Day Report preceding the election. Type of Election — Date of Election — State

[ ] 20-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes [ ] No [x]

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 23 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
TARAL P.O. Box 684602 Austin, TX 78768	Fed. Voter Guide	10/18/02	$66.10	✔		Ron Kirk Senate TX SEN
TARAL P.O. Box 684602 Austin TX 78768	Fed. Voter Guide	10/18/02	$66.10	✔		Ron Chapman House TX 05
TARAL P.O. Box 684602 Austin, TX 78768	Fed. Voter Guide	10/18/02	$66.10	✔		Lloyd Doggett House TX 10

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FEC/FORM5.PDF

22037894637

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

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

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

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

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

5. COVERING PERIOD FROM 10/17/02 THROUGH 11/25/02

PAGE 24 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
TARAL P.O. Box 684602 Austin, TX 78768	Fed. Voter Guide	10/18/02	$66.10	✔		Sheila Jackson Lee House TX 18
TARAL P.O. Box 684602 Austin, TX 78768	Fed. Voter Guide	10/18/02	$66.10	✔		Charlie Gonzalez House TX 20
TARAL P.O. Box 684602 Austin, TX 78768	Fed. Voter Guide	10/18/02	$66.10	✔		Martin Frost House TX 24

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FE1N061.PDF

22037894638

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of Individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 25 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.37	✔		Norris House IA 04
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.38	✔		Luther House MN 02
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$10.50	✔		Mondale Senate MN SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, and did not involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FE1/N021.PDF

22037894639

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other Than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 26 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.74	✔		Sumers House NJ 05
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$16.69	✔		Lautenberg Senate NJ SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$26.11	✔		Kirk Senate IX SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign material prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
(Toll Free 800-424-9530 Local 202-694-1100)

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

FEC FORM 5

(Revised 1/2001)

FE1NRP01.PDF

22037894640

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 27 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$4.04	✔		Wolfowitz House PA 08
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$18.44	✔		Strickland Senate CO SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.77	✔		Feeley House CO 07

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires _____

_____ [Notary Public]

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

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FE1A4051.PDF

22037894641

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election.
Type of Election — Date of Election — State

☐ 20-Day Report following the General Election. Date of Election — State

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

5. COVERING PERIOD FROM 10/17/02 THROUGH 11/25/02 — PAGE 28 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$1.03	✔		Matsunaka House CO 04
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$4.09	✔		Sanders Senate SC SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.35	✔		Chapman House TX 05

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers, sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)

22037894642

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election.
Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 29 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$18.74	✔		Cleland Senate GA SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.53	✔		Kahn House GA 11
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$0.84	✔		Walker House GA 12

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FE1AN001.PDF

22037894643

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) [ ] check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? [x] Yes [ ] No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year-End Report
[ ] July 31 Mid-Year Report

[ ] 12-Day Report preceding the election — Type of Election — Date of Election — State

[ ] 30-Day Report following the General Election — Date of Election — State

(b) Is this Report an amendment? Yes [ ] No [x]

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 30 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State of Federal Candidate)
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$20.83	✔		Bowles Senate NC SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$2.72	✔		Kelley House MI 11
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$30.19	✔		Bradbury Senate OR SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free (800)-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FEYAN01.PDF

22037894644

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or committee
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) [ ] check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? [✓] Yes [ ] No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year-End Report
[ ] July 31 Mid-Year Report

[ ] 12-Day Report preceding the election. Type of Election — Date of Election — State

[ ] 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes [ ] No [✓]

5. COVERING PERIOD. FROM 10/17/02 THROUGH 11/25/02

PAGE 31 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	11/04/02	$28.44	✓		Carnahan Senate MO SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$18.29	✓		Lautenberg Senate NJ SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$4.99	✓		Harkin Senate IA SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information requested herein may not be used for any use or purpose other than for the purposes of soliciting contributions or for any political committee may be used to solicit contributions from that committee.

FEC FORM 5
(Revised 7/2001)
FE1AN051.PDF

22037894645

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) [ ] check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? [✓] Yes [ ] No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year-End Report
[ ] July 31 Mid-Year Report

[ ] 12-Day Report preceding the election. — Type of Election — Date of Election — State

[ ] 30-Day Report following the General Election. — Date of Election — State

(b) Is this Report an amendment? Yes [ ] No [✓]

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 32 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$20.27	✓		Strickland Senate CO SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$4.90	✓		Wofford House PA 06
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$33.45	✓		Kirk Senate TX SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor do they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 18 U.S.C. 493.

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FE1AN051.PDF

22037894646

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election — Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 33 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$31.87	✔		Bradbury Senate OR SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$20.95	✔		Bowles Senate NC SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$4.14	✔		Sanders Senate SC SEN

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this ____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FEL/MAIN.PDF

22037894647

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes):

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

☐ 12-Day Report preceding the election.
Type of Election — Date of Election — State

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

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02 — PAGE 34 OF 34

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$21.19	✔		Cleland Senate GA SEN
Get Active 2855 Telegraph Ave., Ste 600 Berkeley, CA 94705	E-mail	10/18/02	$14.36	✔		Carnahan Senate MO SEN
MD NARAL 8121 Georgia Ave. Ste 501 Silver Spring, MD 20910	Internet Services	10/18/02	$39.00	✔		Morella House MD 08

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Rev sec. 1/2001)

22037894648

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different from previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes)

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election — Type of Election | Date of Election | State
☑ 30-Day Report following the General Election — Date of Election 11/5/02 | State

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 35 OF 36

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
CT NARAL 135 Broad Street Hartford, CT 06105	Federal Voter Guide	10/24/02	$92.67	✔		Nancy Johnson House - CT - 5
GARAL PO Box 5599 Atlanta, GA 31107	Federal Voter Guide	10/22/02	$11.00	✔		Max Cleland Senate - GA
GARAL PO Box 5599 Atlanta, GA 31107	Federal Voter Guide	10/22/02	$10.99	✔		Denise Majette House - GA - 4

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5
(Revised 1/2001)
FE1A061.PDF

22037894649

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. Name of individual, organization or corporation
National Abortion and Reproductive Rights Action League, Inc.

Address (number and street) ☐ check if different than previously reported
1156 15th Street NW Suite 700

City, State and ZIP Code
Washington, DC 20005

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number
C70002761

4. TYPE OF REPORT (check appropriate boxes).

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

☐ 12-Day Report preceding the election
Type of Election — Date of Election — State

☑ 30-Day Report following the General Election — Date of Election 11/5/02 — State

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

5. COVERING PERIOD: FROM 10/17/02 THROUGH 11/25/02

PAGE 36 OF 36

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Get Active 2855 Telegraph Avenue, Suite 600 Berkeley, CA 94705	E-Mail	11/4/02	$2.70	✔		Tom Harkin Senate - IA
Get Active 2855 Telegraph Avenue, Suite 600 Berkeley, CA 94705	E-Mail	11/4/02	$0.36	✔		Ann Hutchinson House - IA - 1

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

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

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this _____ day

of _____ 20____

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

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

FEC FORM 5

(Revised 1/2001)

FP14NOH.PDF

22037894650

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 12-16-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	12-16-02 DATE PREPARED

(6/2000)