

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

NARAL Pro-Choice America

ADDRESS (number and street) 1156 15th Street NW Suite 700

Check if different than previously reported. (ACC) Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00079541

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G)            |                                       |

Election on 11 04 2008 in the State of DC

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Botts

Signature of Treasurer Electronically Filed by John Botts Date 11 13 2008

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

Office Use Only							
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FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NARAL Pro-Choice America

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		258462.99
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	285539.84									
(c) Total Receipts (from Line 19) .....	109017.57	522515.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	394557.41	780978.44								
7. Total Disbursements (from Line 31) .....	36767.67	423188.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	357789.74	357789.74								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NARAL Pro-Choice America

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9738.00	145109.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	99279.57	372900.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	109017.57	518009.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	109017.57	518009.80
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	4505.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	109017.57	522515.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	109017.57	522515.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	36767.67	145688.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	36767.67	145688.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	272500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36767.67	423188.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36767.67	423188.70

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	109017.57	518009.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	109017.57	518009.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36767.67	145688.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	36767.67	145688.70

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 2315 Blackmore Street

City State Zip Code  
Madison IN 47250-2303

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** C5017538

Amount of Each Receipt this Period 500.00

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

Mailing Address 800 Ringwood Ave

City State Zip Code  
Menlo Park CA 94025-2238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 03 / 2008

**Transaction ID:** C5016126

Amount of Each Receipt this Period 250.00

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

Mailing Address 118 Haverhill Way

City State Zip Code  
San Antonio TX 78209-8321

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Gynecologist (retired)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 07 / 2008

**Transaction ID:** C5015719

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alison Conant	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 68 Brookside Ave	<b>Transaction ID:</b> C5015868
	City State Zip Code Newtonville MA 02460-1530	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation City of Arlington Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joan T Covelli	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 5501 Tolman Ter	<b>Transaction ID:</b> C5016099
	City State Zip Code Madison WI 53711-3569	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JT Lovelli mrketing & Media Res Inc Ad & Marketing Consutant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elizabeth Cunningham	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 5632 41st Avenuen SW	<b>Transaction ID:</b> C5015386
	City State Zip Code Seattle WA 98136	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 31 Mowbray Ave

City State Zip Code  
Bay Shore NY 11706-8812

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 09 / 2008

**Transaction ID:** C5015568

Amount of Each Receipt this Period 105.00

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

Mailing Address 8139 E Adobe Drive

City State Zip Code  
Scottsdale AZ 85255-4914

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 03 / 2008

**Transaction ID:** C5016174

Amount of Each Receipt this Period 300.00

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

Mailing Address 464 30th St

City State Zip Code  
San Francisco CA 94131-2307

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 02 / 2008

**Transaction ID:** C5015301

Amount of Each Receipt this Period 255.00

**SUBTOTAL** of Receipts This Page (optional) ..... 660.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 20  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
NARAL Pro-Choice America

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Kobrin

Mailing Address 71 William Feather Dr

City State Zip Code  
Voorhees NJ 08043-2938

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

**Transaction ID:** C5016233

Amount of Each Receipt this Period  
118.00

**B.**

Full Name (Last, First, Middle Initial)  
Colette Michaan

Mailing Address 15 Revington St

City State Zip Code  
New York NY 10012

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** C5015201

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard K. Pelz

Mailing Address 900 University St Apt 13P

City State Zip Code  
Seattle WA 98101-2778

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

**Transaction ID:** C5015642

Amount of Each Receipt this Period  
540.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1158.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Larry Regis

Mailing Address 663 Orange Ave

City State Zip Code  
Los Altos CA 94022-3947

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: C5017357

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia K Robertson

Mailing Address PO Box 415

City State Zip Code  
Rockland DE 19732-0415

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: C5015624

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane Schafer

Mailing Address 10 Gracie Sq

City State Zip Code  
New York NY 10028-8031

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

Name of Employer Metropolitan Museum of Art Occupation Museum Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Transaction ID: C5017165

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Nancy Schwartz

Mailing Address 6491 82nd PI

City Middle Village State NY Zip Code 11379-2340

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

Name of Employer New York University Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2008

Transaction ID: C5015912

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Margaret Sigman

Mailing Address 2035 Suzanne Dr

City Mount Dora State FL Zip Code 32757-9584

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

Name of Employer SELF Occupation EDITOR/WRITER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2008

Transaction ID: C5017488

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth S. Silverman

Mailing Address 144 N Main St

City Cranbury State NJ Zip Code 08512-3310

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 03 / 2008

Transaction ID: C5016641

Amount of Each Receipt this Period 265.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1765.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address One Beekman Place

City State Zip Code  
New York NY 10022-8057

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 08 / 2008  
Transaction ID: C5016647  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 3859 Carbon Canyon Rd

City State Zip Code  
Malibu CA 90265-5004

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 10 / 2008  
Transaction ID: C5016637  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 874 Broadway Suite 1005  
LOH, Inc.

City State Zip Code  
New York NY 10003-1222

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

Name of Employer LOH, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 01 / 2008  
Transaction ID: C5015200  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne Thompson		Date of Receipt
	Mailing Address PO Box 1498		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Southern Pnes	NC	28388-1498
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Information Requested	<b>Transaction ID:</b> C5016077
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara J. Vickman		Date of Receipt
	Mailing Address 11533 Dilling St		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Studio City	CA	91604-3019
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	<b>Transaction ID:</b> C5015874
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary E. Walkama		Date of Receipt
	Mailing Address 1020 Homer St		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Durham	NC	27707-1641
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	<b>Transaction ID:</b> C5017035
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="105.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1105.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address PO Box 186

City State Zip Code  
Free Union VA 22940-0186

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** C5016135

Amount of Each Receipt this Period  
400.00

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

Mailing Address 2702 Bradbury Ct

City State Zip Code  
Davidsonville MD 21035-2450

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** C5015730

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1701 Thayer Dr

City State Zip Code  
Blue Bell PA 19422-3550

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

Name of Employer Retired/Volunteer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

**Transaction ID:** C5015878

Amount of Each Receipt this Period  
550.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9738.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) 4CP  Mailing Address 320 Kendigs Mill Rd  City Owings Mills State MD Zip Code 21117  Purpose of Disbursement Printing for PAC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D230044 Date of Disbursement 10 / 07 / 2008  Amount of Each Disbursement this Period 4268.62
B.	Full Name (Last, First, Middle Initial) Allfirst  Mailing Address PO Box 1596  City Baltimore State MD Zip Code 21203-1596  Purpose of Disbursement Credit Card Processing Fees for PAC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D230061 Date of Disbursement 10 / 15 / 2008  Amount of Each Disbursement this Period 545.98
C.	Full Name (Last, First, Middle Initial) Colortree  Mailing Address PO Box 18160  City Merrifield State VA Zip Code 22118-0160  Purpose of Disbursement Printing for PAC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D230046 Date of Disbursement 10 / 07 / 2008  Amount of Each Disbursement this Period 2162.20

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

6976.80

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Direct Advantage Marketing	Transaction ID: D230047 Date of Disbursement
	Mailing Address 5601 Hobart St	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Squirrel Hill State PA Zip Code 15217-2115	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Fundraising for PAC	<input type="text" value="943.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Donor Services Group	Transaction ID: D230041 Date of Disbursement
	Mailing Address 11500 West Olympic Boulevard Suite 540	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Los Angeles State CA Zip Code 90064-1525	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing for PAC	<input type="text" value="2867.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Donor Services Group	Transaction ID: D230042 Date of Disbursement
	Mailing Address 11500 West Olympic Boulevard Suite 540	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Los Angeles State CA Zip Code 90064-1525	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing for PAC	<input type="text" value="15254.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="19065.41"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Global Payment Solutions	Transaction ID: D230062 Date of Disbursement
	Mailing Address 10705 Red Run Blvd	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees for PAC	<input type="text" value="2821.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Harris Direct	Transaction ID: D230048 Date of Disbursement
	Mailing Address 6800 Owensmouth Ave Ste 200	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Canoga Park State CA Zip Code 91303-3170	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing for PAC	<input type="text" value="528.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Meyer Telemarketing Services	Transaction ID: D230049 Date of Disbursement
	Mailing Address 14 North Seventh Avenue	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Saint Cloud State MN Zip Code 56303	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing for PAC	<input type="text" value="1632.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4981.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) NARAL Pro-Choice Colorado	Transaction ID: D230053 Date of Disbursement 10 / 07 / 2008
	Mailing Address 1905 Sherman Street Suite 800	Amount of Each Disbursement this Period 3575.45
	City Denver State CO Zip Code 80203	
	Purpose of Disbursement List Rental for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pacific East	Transaction ID: D230050 Date of Disbursement 10 / 07 / 2008
	Mailing Address PO Box 439	Amount of Each Disbursement this Period 157.83
	City Sumas State WA Zip Code 98295-0439	
	Purpose of Disbursement Printing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Payment Solutions, Inc.	Transaction ID: D230051 Date of Disbursement 10 / 07 / 2008
	Mailing Address PO Box 30217	Amount of Each Disbursement this Period 150.00
	City Bethesda State MD Zip Code 20824-0217	
	Purpose of Disbursement Credit Card Processing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3883.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.

Full Name (Last, First, Middle Initial)  
Share Group, Inc.

Transaction ID: D230052

Date of Disbursement

Mailing Address PO Box 55183

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		0	7		2	0	0	8

City Boston State MA Zip Code 02205-5183

Amount of Each Disbursement this Period

1780.26
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Purpose of Disbursement  
Telemarketing for PAC

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Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1780.26
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TOTAL This Period (last page this line number only) ..... ►

36687.67
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Image# 28993109663

Form/Schedule: **SA11AI**  
Transaction ID: **C5015200**

This contribution was originally reported as being from LOH, Inc. Further review has determined that the contribution was from Julie Taymor and is in fact from a permissible source.

\*\*\*\*\*