

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00079541  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 01 2009 through 11 30 2009

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 12 18 2009

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NARAL Pro-Choice America PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3777.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	141355.00									
(c) Total Receipts (from Line 19) .....	53488.00	418820.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	194843.00	422597.63								
7. Total Disbursements (from Line 31) .....	46398.11	274152.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	148444.89	148444.89								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	7115.00	95101.00
(ii) Unitemized .....	46373.00	323703.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	53488.00	418804.42
(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) .....	53488.00	418804.42
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	15.94
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)) .....	53488.00	418820.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53488.00	418820.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	35898.11	209802.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35898.11	209802.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	63500.00
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	850.00
(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	850.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46398.11	274152.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46398.11	274152.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	53488.00	418804.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53488.00	417954.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35898.11	209802.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35898.11	209802.74

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Nina Buckley  
Mailing Address PO Box 9178  
City State Zip Code  
Horseshoe Bay TX 78657-9178  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 11 / 06 / 2009  
Transaction ID: C5249362  
Amount of Each Receipt this Period 250.00

**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 Self-Employed Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 20 / 2009  
Transaction ID: C5248730  
Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Diana Elghanayan  
Mailing Address 310 E 46th Street #26H  
City State Zip Code  
New York NY 10017-3059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Not Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 11 / 09 / 2009  
Transaction ID: C5249487  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**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 7 / 14  
(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 PAC

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

Mailing Address 1292 E Brittney Ave

City State Zip Code  
Coeur D Alene ID 83815-7323

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

Name of Employer NA Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2009  
Transaction ID: C5249245  
Amount of Each Receipt this Period 500.00

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

Mailing Address 4600 Connecticut Ave NW Apt330

City State Zip Code  
Washington DC 20008

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 ▼ 375.00

Date of Receipt 11 / 06 / 2009  
Transaction ID: C5248735  
Amount of Each Receipt this Period 375.00

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

Mailing Address 4821 32nd St NW

City State Zip Code  
Washington DC 20008-2242

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

Name of Employer Property Funding Group Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 04 / 2009  
Transaction ID: C5248444  
Amount of Each Receipt this Period 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3875.00

**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 8 / 14  
(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 PAC

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

Mailing Address 21 East 79th St

City State Zip Code  
New York NY 10075-0182

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self employed Antiques Dealer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** C5249457

Amount of Each Receipt this Period 500.00

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

Mailing Address 900 Hammond St  
Apt 321

City State Zip Code  
W Hollywood CA 90069-4407

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
NA Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** C5249187

Amount of Each Receipt this Period 300.00

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

Mailing Address 3821 N Tazewell St

City State Zip Code  
Arlington VA 22207-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** C5249148

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... 925.00

**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 / 14  
(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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Ida Claire Kerwin  
Mailing Address 3821 N Tazewell St  
City Arlington State VA Zip Code 22207-4569  
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 11 / 19 / 2009  
Transaction ID: C5248616  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Jeanne K. Krieger  
Mailing Address 44 Webster Rd  
City Lexington State MA Zip Code 02421-8235  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DUPONT PHAMAUTICAL Occupation MANAGER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: C5248479  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Sandra Nimoy  
Mailing Address 11030 Cashmere Street  
City West Los Angeles State CA Zip Code 90049-3202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NA Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 11 / 04 / 2009  
Transaction ID: C5249405  
Amount of Each Receipt this Period 340.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 565.00  
**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 / 14  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Claire Robinson

Mailing Address 640 Burnham Rd

City Philadelphia State PA Zip Code 19119-3510

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

Name of Employer Albert Einstein Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 16 / 2009

Transaction ID: C5248607

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Constance Rush

Mailing Address 854 Methodist Rd

City Westbrook State ME Zip Code 04092-3217

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

Name of Employer Self Occupation Sculptor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 20 / 2009

Transaction ID: C5248670

Amount of Each Receipt this Period 400.00

**C.**

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

Mailing Address 6491 82nd Pl

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 11 / 16 / 2009

Transaction ID: C5248594

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7115.00</b>

**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 11 / 14

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

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

A.	Full Name (Last, First, Middle Initial) Direct Advantage Marketing	Transaction ID: D254952 Date of Disbursement
	Mailing Address 5601 Hobart St	<input type="text" value="11"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	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="3067.74"/>
	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) Direct Advantage Marketing	Transaction ID: D254959 Date of Disbursement
	Mailing Address 5601 Hobart St	<input type="text" value="11"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	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="1272.24"/>
	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: D254957 Date of Disbursement
	Mailing Address 11500 West Olympic Boulevard Suite 540	<input type="text" value="11"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90064-1525	Amount of Each Disbursement this Period
	Purpose of Disbursement Telemarketing Fundraising for PAC	<input type="text" value="2950.63"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Global Payment Solutions <hr/> Mailing Address 10705 Red Run Blvd <hr/> City Owings Mills State MD Zip Code 21117-5134 <hr/> Purpose of Disbursement Credit card processing fees for PAC Candidate Name <hr/> 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>Transaction ID:</b> D254965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1865.60
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Gordon Schwenkmeyer, Inc. <hr/> Mailing Address 650 Howe Ave, Suite 600 <hr/> City Sacramento State CA Zip Code 95825 <hr/> Purpose of Disbursement Telemarketing Fundraising for PAC Candidate Name <hr/> 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>Transaction ID:</b> D254960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1046.10
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Gordon Schwenkmeyer, Inc. <hr/> Mailing Address 650 Howe Ave, Suite 600 <hr/> City Sacramento State CA Zip Code 95825 <hr/> Purpose of Disbursement Telemarketing Fundraising for PAC Candidate Name <hr/> 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>Transaction ID:</b> D254953 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 12123.38
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15035.08

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

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

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

A.	Full Name (Last, First, Middle Initial) M & T Bank	Transaction ID: D254966 Date of Disbursement 11 / 30 / 2009
	Mailing Address 25 South Charles	Amount of Each Disbursement this Period 682.10
	City Baltimore State MD Zip Code 21201	
	Purpose of Disbursement Credit card processing fees 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) Meyer Telemarketing Services	Transaction ID: D254954 Date of Disbursement 11 / 13 / 2009
	Mailing Address 14 North Seventh Avenue	Amount of Each Disbursement this Period 12031.00
	City Saint Cloud State MN Zip Code 56303	
	Purpose of Disbursement Telemarketing Fundraising 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: D254956 Date of Disbursement 11 / 13 / 2009
	Mailing Address PO Box 30217	Amount of Each Disbursement this Period 859.32
	City Bethesda State MD Zip Code 20824-0217	
	Purpose of Disbursement Credit card processing fees 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>13572.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>35898.11</b>

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Barbara Boxer</p> <p>Mailing Address PO Box 641751</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D254962 <b>Date of Disbursement</b> 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Barbara Boxer</p> <p>Mailing Address PO Box 641751</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D254963 <b>Date of Disbursement</b> 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY</p> <p>Mailing Address PO BOX 3662</p> <p>City SEATTLE State WA Zip Code 98124</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D254964 <b>Date of Disbursement</b> 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>10500.00</b>