

**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**

CITY

STATE

ZIP CODE

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

11

07

2006

in the  
State of

DC

5. Covering Period

10

19

2006

through

11

27

2006

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

Type or Print Name of Treasurer

John Botts

Signature of Treasurer

Electronically Filed by John Botts

Date

03

23

2007

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NARAL Pro-Choice America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		635155.37
(b) Cash on Hand at Beginning of Reporting Period .....	163177.41	
(c) Total Receipts (from Line 19) .....	148418.60	947624.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	311596.01	1582779.96
7. Total Disbursements (from Line 31) .....	285668.86	1556852.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25927.15	25927.15
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17770.00	201563.00
(i) Itemized (use Schedule A) .....	83842.13	672420.17
(ii) Unitemized .....	101612.13	873983.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	5000.00
(c) Other Political Committees (such as PACs) .....	101612.13	878983.17
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡		
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) .....	44880.00	45141.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1926.47	23249.63
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)) .....	148418.60	947624.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	148418.60	947624.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	-61470.48	463354.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	-61470.48	463354.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	359910.00
24. Independent Expenditure (use Schedule E) .....	271739.34	609088.34
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 .....	1000.00	1985.00
(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)) .....	1000.00	1985.00
29. Other Disbursements.....	54900.00	122515.45
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	285668.86	1556852.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	285668.86	1556852.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	101612.13	878983.17
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1985.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100612.13	876998.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-61470.48	463354.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	44880.00	45141.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-106350.48	418212.23

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 69

☒ 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

<b>A.</b> Full Name (Last, First, Middle Initial) Ada Addington Mailing Address 229 E Lake Shore Dr City Chicago State IL Zip Code 60611-1351 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		Date of Receipt MM / DD / YYYY 11 / 10 / 2006 <b>Transaction ID: C277865</b> Amount of Each Receipt this Period 330.00
<b>B.</b> Full Name (Last, First, Middle Initial) William Adelman Mailing Address Apartment 344 43369 Gadsden Avenue City Lancaster State CA Zip Code 93534-6041 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 10 / 25 / 2006 <b>Transaction ID: C278482</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Miriam Anixter Mailing Address 5706 Melvin St City Pittsburgh State PA Zip Code 15217-2213 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 10 / 20 / 2006 <b>Transaction ID: C278127</b> Amount of Each Receipt this Period 300.00

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

880.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 69

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Joanie Bronfman

Mailing Address 1731 Beacon St, #517

City	State	Zip Code
Brookline	MA	02245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Office Exchange Le-  
arning CeOccupation  
Associate Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C279206

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Arlene Caplan

Mailing Address 23 Loantaka Ln N

City	State	Zip Code
Morristown	NJ	07960-7027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
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
1	1	/	2	0	/	2	0	0	6

Transaction ID: C278988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Janet Clark

Mailing Address #1 Clarke Road

City	State	Zip Code
Berryville	AR	72616-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C277687

Amount of Each Receipt this Period

300.00

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

4550.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 69

(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)

Michael Dear

Mailing Address 3009 Linda Ln.

City State Zip Code  
 Santa Monica CA 90405-5810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Southern Ca-  
lifornia

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C277922

Amount of Each Receipt this Period

250.00

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

Kenneth Deaton

Mailing Address 1062 Forsyth St Suite 1-B

City State Zip Code  
 Macon GA 31201-8302

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  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: C278192

Amount of Each Receipt this Period

500.00

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

Joan Dukes

Mailing Address 2934 Horizon Hills Drive

City State Zip Code  
 Prescott AZ 86305-7111

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C279207

Amount of Each Receipt this Period

1500.00

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

2250.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 69

(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)

Mary Evans Smith

Mailing Address 8339 Carrbridge Circle

City State Zip Code  
 Baltimore MD 21204-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 5 / 2 0 0 6

Transaction ID: C277351

Amount of Each Receipt this Period

20.00

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

Mary Evans Smith

Mailing Address 8339 Carrbridge Circle

City State Zip Code  
 Baltimore MD 21204-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: C277939

Amount of Each Receipt this Period

20.00

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

Lisa Fischer-Casto

Mailing Address 1339 Smith St

City State Zip Code  
 Charleston WV 25301-1433

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  
 1 1 / 0 1 / 2 0 0 6

Transaction ID: C278754

Amount of Each Receipt this Period

250.00

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

290.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 69

(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)  
Elizabeth Foster  
Mailing Address 1837 N Orchard St

City State Zip Code  
Chicago IL 60614-5105

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  
1 0 / 2 5 / 2 0 0 6

Transaction ID: C279071

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mavis Frazer  
Mailing Address 6219 Sun Hollow

City State Zip Code  
San Antonio TX 78238-1546

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  
1 0 / 2 3 / 2 0 0 6

Transaction ID: C277203

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Arlene Friedlander  
Mailing Address 5630 Wisconsin Ave Apt 102

City State Zip Code  
Chevy Chase MD 20815-4452

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  
1 0 / 2 5 / 2 0 0 6

Transaction ID: C279097

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 69

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Goldmuntz Mailing Address 520 North Latches Lane City Merion Station State PA Zip Code 19066-1733 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID: C278135</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) S. Lewis Mailing Address 50 E 77th St #3-A City New York State NY Zip Code 10021-1842 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 <b>Transaction ID: C278657</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Evie Macway Mailing Address 714 Braeview Road City Louisville State KY Zip Code 40206-2990 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Presbyterian Church of Kentucky Occupation Pastor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 <b>Transaction ID: C277392</b> Amount of Each Receipt this Period 100.00

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

1100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 69

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Alida Messinger Mailing Address 30 Rockefeller Plaza, Room 5600 City State Zip Code New York NY 10112 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Philanthropist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 <b>Transaction ID: C279205</b> Amount of Each Receipt this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Christine M. Millen Mailing Address 58 W 89th St Apt 1f City State Zip Code New York NY 10024-2057 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation DELOITTE CONSULTING CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID: C279057</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Bridget Mullen Mailing Address PO Box 9339 City State Zip Code Jackson WY 83002-9339 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Information Requested Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID: C277463</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....**3250.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 13 / 69

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Priscilla Natkins Mailing Address 55 Morris Ln City State Zip Code Scarsdale NY 10583-4403 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 <b>Transaction ID: C277597</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) William O'Connell Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 <b>Transaction ID: C279232</b> Amount of Each Receipt this Period 800.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jane Pire Mailing Address 700 Sheffield Court City State Zip Code Lake Forest IL 60045-2760 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 <b>Transaction ID: C277321</b> Amount of Each Receipt this Period 250.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 69

(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)  
Ann Poll  
Mailing Address 136 East 55th Street

City State Zip Code  
New York NY 10022-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
HOMEMAKER

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 / 2 0 / 2 0 0 6

Transaction ID: C277132

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ann Poll  
Mailing Address 136 East 55th Street

City State Zip Code  
New York NY 10022-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C277949

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Carole Presnick  
Mailing Address 179 Martin Ln

City State Zip Code  
Orange CT 06477-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridgeport Hospital

Occupation  
Physician

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 / 2 5 / 2 0 0 6

Transaction ID: C277450

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 69

(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)

Lee Ramer

Mailing Address 220 North Bristol Avenue

City

Los Angeles

State

CA

Zip Code

90049-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Los Angeles Cultu-  
ral Affai

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 6

Transaction ID: C277795

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Rankin

Mailing Address 2362 SW Madison St

City

Portland

State

OR

Zip Code

97205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: C278724

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Margo Ritchie

Mailing Address 3504 Sacred Moon Cv

City

Austin

State

TX

Zip Code

78746-1636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: C277232

Amount of Each Receipt this Period

150.00

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

550.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 69

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Theodore B. Roessel

Mailing Address PO Box 25

City

Casanova

State

VA

Zip Code

20139-0025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C277941

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Terrie A. Roney

Mailing Address 1363 Old Phoenixville Pike

City

West Chester

State

PA

Zip Code

19380-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUSTILL'S REHAB

Occupation

OCCUPATIONAL THERAPIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	6

Transaction ID: C277317

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Kimberly Rose

Mailing Address 3232 Oakdell Lane

City

Studio City

State

CA

Zip Code

91604-4219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	6

Transaction ID: C277265

Amount of Each Receipt this Period

250.00

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

600.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 69

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Randolph Ross		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 757 Park Hill Rd		<b>Transaction ID:</b> C278700
City Danville	State CA	
Zip Code 94526		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Karen Sakamoto		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 333 E 50th St		<b>Transaction ID:</b> C277124
City Minneapolis	State MN	
Zip Code 55419-1421		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Judith Sheldon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1965 Pacific Avenue		<b>Transaction ID:</b> C278427
City San Francisco	State CA	
Zip Code 94109-2335		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 69

(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)

Gerould H. Smith

Mailing Address 1823 Edgewood Dr

City State Zip Code  
Palo Alto CA 94303-3016

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  
1 0 / 2 5 / 2 0 0 6

Transaction ID: C277290

Amount of Each Receipt this Period

250.00

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

Susan Steif

Mailing Address 1012 Oakleaf Circle

City State Zip Code  
Blythewood SC 29016-9766

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: C277431

Amount of Each Receipt this Period

100.00

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

C Whetzel

Mailing Address 5036 Castleman St

City State Zip Code  
Pittsburgh PA 15232-2107

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: C278667

Amount of Each Receipt this Period

250.00

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

600.00

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

17770.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

**A.**

Full Name (Last, First, Middle Initial)

NARAL ProChoice America, Inc.

Mailing Address 1156 15th Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

44880.00

Date of Receipt

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

Transaction ID: C279234

Amount of Each Receipt this Period

44880.00

Reimbursement for Admin.  
Expenses.

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

44880.00

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

44880.00

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

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

FOR LINE NUMBER: PAGE 20 / 69

(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)

Allfirst

Mailing Address PO Box 1596

City

Baltimore

State

MD

Zip Code

21203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

23249.63

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: C279233

Amount of Each Receipt this Period

1926.47

\* Interest Income

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

1926.47

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

1926.47

# **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 21 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Allfirst

Mailing Address PO Box 1596

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D971**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.35

Full Name (Last, First, Middle Initial)

**B.** Allfirst

Mailing Address PO Box 1596

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D996**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1351.62

Full Name (Last, First, Middle Initial)

**C.** Direct Advantage Marketing

Mailing Address 5601 Hobart Street

City  
Philadelphia

State  
PA

Zip Code  
15217

Purpose of Disbursement

Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D948**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1246.70

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

2677.67

**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 22 / 69

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

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

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

Full Name (Last, First, Middle Initial)

## **A. Donor Services Group**

Mailing Address 11500 Olympic Boulevard  
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D947

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

17000.92

Full Name (Last, First, Middle Initial)

## **B. Donor Services Group**

Mailing Address 11500 Olympic Boulevard  
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D961

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

7588.02

Full Name (Last, First, Middle Initial)

## **C. Donor Services Group**

Mailing Address 11500 Olympic Boulevard  
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D964

Date of Disbursement

11 / 09 / 2006

Amount of Each Disbursement this Period

83.33

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

24672.27

**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 23 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

## **A. Donor Services Group**

Mailing Address 11500 Olympic Boulevard  
Suite 540

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D965

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

8244.63

Full Name (Last, First, Middle Initial)

## **B. Global Payment Solutions**

Mailing Address 10705 Red Run Boulevard

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D972

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

2816.94

Full Name (Last, First, Middle Initial)

## **C. Harris Direct**

Mailing Address 6800 Owensmouth Avenue  
Suite 200

City Canoga Park State CA Zip Code 91303

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D962

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

3640.00

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

14701.57

**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 24 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Kenmore Envelope Company

Mailing Address P.O. Box 42100

City  
Richmond

State  
VA

Zip Code  
23224

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D949

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2840.50

Full Name (Last, First, Middle Initial)

**B.** LSG Strategies

Mailing Address 2120 L Street, NW  
Suite 305

City  
Washington

State  
DC

Zip Code  
20037

Purpose of Disbursement  
Automated Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D1007

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

16608.48

**[MEMO ITEM]**

Memo to Adjust Debt-See  
Pre-Gen. Report

Full Name (Last, First, Middle Initial)

**C.** LSG Strategies

Mailing Address 2120 L Street, NW  
Suite 305

City  
Washington

State  
DC

Zip Code  
20037

Purpose of Disbursement  
Automated Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D1029

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1258.96

**[MEMO ITEM]**

Memo to Adjust Debt-See  
Pre-Gen. Report

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

2840.50

**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 25 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

## **A. LSG Strategies**

Mailing Address 2120 L Street, NW  
Suite 305

City Washington State DC Zip Code 20037

Purpose of Disbursement

Automated Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D966

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

34232.20

## **[MEMO ITEM]**

Memo to Adjust Debt-See  
Pre-Gen. Report

Full Name (Last, First, Middle Initial)

## **B. LSG Strategies**

Mailing Address 2120 L Street, NW  
Suite 305

City Washington State DC Zip Code 20037

Purpose of Disbursement

Automated Calls

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D967

Date of Disbursement

11 / 14 / 2006

Amount of Each Disbursement this Period

44880.00

Full Name (Last, First, Middle Initial)

## **C. Mission Control, Inc.**

Mailing Address 201 Adams

City Manchester State CT Zip Code 06040

Purpose of Disbursement

Independent Expenditures, See Line 24

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D1005

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

-169200.00

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

**-124320.00**

**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 26 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Payment Solutions, Inc.

Mailing Address PO Box 30217

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D970**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

715.84

Full Name (Last, First, Middle Initial)

**B.** Share Group, Inc.

Mailing Address PO Box 55183

City  
Boston

State  
MA

Zip Code  
02205

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D960**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14035.60

Full Name (Last, First, Middle Initial)

**C.** Share Group, Inc.

Mailing Address PO Box 55183

City  
Boston

State  
MA

Zip Code  
02205

Purpose of Disbursement  
Telemarketing Fundraising for PAC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D963**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

206.07

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

14957.51

**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 27 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

## **A. TC Mailing**

Mailing Address 809 Keith Lane

City  
Owings

State  
MD

Zip Code  
20736

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

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

3000.00

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

-61470.48

# **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 28 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of Dan Maffei

Mailing Address PO BOX 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement  
Contribution

Candidate Name  
Daniel B. Maffei

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: D946

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Mazie Hirono

Mailing Address P.O. Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Contribution

Candidate Name  
Mazie Hirono

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 02

Transaction ID: D953

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Hooley for Congress

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement  
Contribution

Candidate Name  
Darlene Hooley

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: D951

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

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

6000.00

**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 29 / 69

<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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Jill Derby For Congress

Mailing Address P.O. Box 1901

City  
Minden

State  
NV

Zip Code  
89423

Purpose of Disbursement  
Contribution

Candidate Name  
Jill Derby

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 02

**Transaction ID: D957**

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Judy Feder For Congress

Mailing Address 1514 Hardwood Lane

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement  
Contribution

Candidate Name  
Judy Feder

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 10

**Transaction ID: D952**

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Tim Mahoney For Florida

Mailing Address 1128-408 Royal Palm Beach Blvd

City  
Royal Palm Beach

State  
FL

Zip Code  
33411

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Mahoney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 16

**Transaction ID: D955**

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

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

8500.00

**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 30 / 69

<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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Tim Walz For US Congress

Mailing Address P.O. Box 938

City  
Mankato

State  
MN

Zip Code  
56002

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Walz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

19500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Deborah S. Sharpe

Mailing Address 15 Historical Way

City  
Canton

State  
MA

Zip Code  
02021-2227

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D959

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 69

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

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Mission Control, Inc.

Mailing Address 201 Adams

City  
Manchester

State  
CT

Zip Code  
06040

Purpose of Disbursement  
Nonfed In-kind Printing to Rendell Camp

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D1004**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**B.** NARAL ProChoice America, Inc.

Mailing Address 1156 15th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D1006**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47400.00

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

54900.00

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

54900.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 / 69

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

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

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LSG Strategies

Nature of Debt (Purpose):  
Automated Calls

Mailing Address 2120 L Street, NW  
Suite 305

City State ZIP Code  
Washington DC 20037

Outstanding Balance Beginning This Period

1258.96

Transaction ID: D1028

Amount Incurred This Period

0.00

Payment This Period

1258.96

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LSG Strategies

Nature of Debt (Purpose):  
Automated Calls

Mailing Address 2120 L Street, NW  
Suite 305

City State ZIP Code  
Washington DC 20037

Outstanding Balance Beginning This Period

16560.48

Transaction ID: D976

Amount Incurred This Period

17671.72

Payment This Period

34232.20

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LSG Strategies

Nature of Debt (Purpose):  
Automated Calls

Mailing Address 2120 L Street, NW  
Suite 305

City State ZIP Code  
Washington DC 20037

Outstanding Balance Beginning This Period

16608.48

Transaction ID: D975

Amount Incurred This Period

0.00

Payment This Period

16608.48

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

0.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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

PAGE 34 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1524.12	
City State Zip Code Washington DC 20037		Transaction ID: D985	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86420.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1443.76	
City State Zip Code Washington DC 20037		Transaction ID: D823	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86420.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2967.88	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 35 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">629.48</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D1030	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bruce L. Braley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1258.96</div>			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1600.60</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D1008	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">86420.08</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">2230.08</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
John Botts _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM</div> <div>DD</div> <div>YY YY YY YY</div> </div>	

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

PAGE 36 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3479.44</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D995	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145102.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1518.64</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D994	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">86420.08</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">4998.08</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>John Botts</p> <p>Signature</p> </div> <div style="width: 45%;"> <p>Date</p> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div></div> <div></div> </div> </div> </div>			

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

PAGE 37 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1664.68</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D993	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
86420.08			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1630.36</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D992	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
86420.08			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">3295.04</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M  </div> <div style="border: 1px solid black; padding: 2px;">D  </div> <div style="border: 1px solid black; padding: 2px;">Y      </div> </div>	

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

PAGE 38 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1642.08	
City Washington State DC Zip Code 20037		<b>Transaction ID:</b> D991	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86420.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1524.12	
City Washington State DC Zip Code 20037		<b>Transaction ID:</b> D990	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76893.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3166.20	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 39 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1630.36</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D989	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">76893.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1518.64</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D988	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">76926.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3149.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small></div> <div><small>D D</small></div> <div><small>Y Y Y Y</small></div> </div>	

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

PAGE 40 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1600.60	
City Washington State DC Zip Code 20037		<b>Transaction ID:</b> D986	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 629.48	
City Washington State DC Zip Code 20037		<b>Transaction ID:</b> D1031	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Whalen		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1258.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		2230.08	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	



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

PAGE 41 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

  

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3502.80</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D984 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Purpose of Expenditure Automated Calls		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145102.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

  

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 3</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3714.16</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D983 Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Purpose of Expenditure Automated Calls		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145296.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7216.96</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) <b>TOTAL</b> Independent Expenditures .....	

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

John Botts

Signature

Date

M M

D D

Y Y Y Y

FE3AN037

FEC Schedule E (Form 3X) Rev. 02/2003

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

PAGE 42 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3311.60</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20037</div> </div>		<b>Transaction ID:</b> D982	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House      State: PA <input type="checkbox"/> Senate      District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
145296.58			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 23 / 2006</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1664.68</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20037</div> </div>		<b>Transaction ID:</b> D981	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House      State: AZ <input type="checkbox"/> Senate      District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
77189.98			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		4976.28	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	

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

PAGE 43 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

  

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 9</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3586.08</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D977	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145102.82</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

  

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 9</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 2120 L Street, NW Suite 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3736.32</div>	
City State Zip Code Washington DC 20037		<b>Transaction ID:</b> D851	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">145296.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7322.40</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) <b>TOTAL</b> Independent Expenditures .....	

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

John Botts

Signature

Date

M M

D D

Y Y Y Y

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

PAGE 44 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1629.80	
City Washington State DC Zip Code 20037		Transaction ID: D839	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1471.12	
City Washington State DC Zip Code 20037		Transaction ID: D837	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3100.92	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY 10 / 20 / 2006	

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

PAGE 45 / 69

FOR LINE 24 OF FORM 3X

<b>NAME OF COMMITTEE (In Full)</b> NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1443.76	
City State Zip Code Washington DC 20037		Transaction ID: D826	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76893.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1629.80	
City State Zip Code Washington DC 20037		Transaction ID: D825	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86420.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3073.56	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 46 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1471.12	
City State Zip Code Washington DC 20037		Transaction ID: D824	
Purpose of Expenditure Automated Calls		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 86420.08			
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies		Date MM / DD / YYYY 10 / 23 / 2006	
Mailing Address 2120 L Street, NW Suite 305		Amount 1642.08	
City State Zip Code Washington DC 20037		Transaction ID: D987	
Purpose of Expenditure Automated Calls		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76926.76			
(a) SUBTOTAL of Itemized Independent Expenditures .....		3113.20	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 47 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D829	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 86420.08			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 360.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D854	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145296.58			
(a) SUBTOTAL of Itemized Independent Expenditures .....		8310.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 48 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 04 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 3750.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D944	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick J. Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 145296.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D943	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8083.30	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
John Botts _____ Signature		Date MM / DD / YYYY _____	



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

PAGE 49 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.60	
City State Zip Code Manchester CT 06040		Transaction ID: D942	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 77189.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		Transaction ID: D941	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		11049.90	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY 11 / 02 / 2006	

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

PAGE 50 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.62	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D940	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76926.76			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 4333.30	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D939	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76893.16			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		11049.92	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 51 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6716.62</div>	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D938 Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">76893.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4333.30</div>	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D937 Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">86420.08</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">11049.92</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small></div> <div><small>D D</small></div> <div><small>Y Y Y Y</small></div> </div>	

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

PAGE 52 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 11 / 02 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 6716.62	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D936	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 86420.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 427.50	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D896	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76926.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		7144.12	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 53 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D895	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76926.76			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 12322.50	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D828	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 86420.08			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		20272.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 54 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D888	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76893.16			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 201 Adams Manchester, CT 06040		Amount 3750.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D945	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joseph A. Sestak, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145102.82			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		11700.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date M M / D D / Y Y Y Y	

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

PAGE 55 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 16800.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D853	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145296.58			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 26040.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D852	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mike Fitzpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145296.58			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		42840.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
John Botts _____ Signature		Date MM / DD / YYYY _____	

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

PAGE 56 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 360.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D849	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145102.82			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 19 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 16800.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D848	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 145102.82			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		17160.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	



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

PAGE 57 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 9</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26040.00</div>	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D847	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Weldon		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145102.82</div>			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">427.50</div>	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D842	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">77189.98</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">26467.50</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
John Botts _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small></div> <div><small>D D</small></div> <div><small>Y Y Y Y</small></div> </div>	

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

PAGE 58 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 7950.00	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D841	
Purpose of Expenditure Postage		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 77189.98			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 12322.50	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D840	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Randy Graf		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 77189.98			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		20272.50	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

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

PAGE 59 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 20 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="text-align: right;">427.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06040</div> </div>		<b>Transaction ID:</b> D833	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="text-align: right;">76893.16</div>	
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 20 / 2006</div> </div>	
Mailing Address 201 Adams Manchester, CT 06040		Amount <div style="text-align: right;">12322.50</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Manchester</div> <div>State CT</div> <div>Zip Code 06040</div> </div>		<b>Transaction ID:</b> D831	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: <u>AZ</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="text-align: right;">76893.16</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		12750.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	

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

PAGE 60 / 69

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 427.50	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D830	
Purpose of Expenditure Creative Photography		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jon Kyl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 86420.08			
Full Name (Last, First, Middle, Initial) of Payee Mission Control, Inc.		Date MM / DD / YYYY 10 / 20 / 2006	
Mailing Address 201 Adams Manchester, CT 06040		Amount 12322.50	
City State Zip Code Manchester CT 06040		<b>Transaction ID:</b> D894	
Purpose of Expenditure Printing		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JD Hayworth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 76926.76			
(a) SUBTOTAL of Itemized Independent Expenditures .....		12750.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....		271739.34	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
John Botts Signature		Date MM / DD / YYYY	

**Image# 27930374781**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D986**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D995**

\*\*\*\*\*

**Image# 27930374782**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D988**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D993**

\*\*\*\*\*

**Image# 27930374783**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D992**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D991**

\*\*\*\*\*

Image# 27930374784

Form/Schedule:SE24      See Pre-General Report  
Transaction ID: D990

Form/Schedule:SE24      See Pre-General Report  
Transaction ID: D989



**Image# 27930374785**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D987**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D994**

\*\*\*\*\*

Image# 27930374786

Form/Schedule:SE24      See Pre-General Report  
Transaction ID: D985

Form/Schedule:SE24      See Pre-General Report  
Transaction ID: D981

**Image# 27930374787**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D982**

Form/Schedule: **SE24**      See Pre-General Report  
Transaction ID: **D983**

\*\*\*\*\*

**Image# 27930374788**

Form/Schedule: **SE24**

See Pre-General Report

Transaction ID: **D984**

Form/Schedule: **SE24**

See Pre-General Report

Transaction ID: **D1008**

\*\*\*\*\*

Image# 27930374789

Form/Schedule:SE24      See Pre-General Report  
Transaction ID: D1030

Form/Schedule:SE24      See Pre-General Report  
Transaction ID: D1031