

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 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 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		635155.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	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)	0.00	878983.17
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101612.13	878983.17
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

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

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

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

Full Name (Last, First, Middle Initial) A. Ada Addington		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 229 E Lake Shore Dr		Transaction ID: C277865	
City State Zip Code Chicago IL 60611-1351	Amount of Each Receipt this Period 330.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. William Adelman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address Apartment 344 43369 Gadsden Avenue		Transaction ID: C278482	
City State Zip Code Lancaster CA 93534-6041	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Miriam Anixter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 5706 Melvin St		Transaction ID: C278127	
City State Zip Code Pittsburgh PA 15217-2213	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joanie Bronfman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1731 Beacon St, #517		Transaction ID: C279206	
City State Zip Code Brookline MA 02245		Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Family Office Exchange Learning Ce		Occupation Associate Dean	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Arlene Caplan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 23 Loantaka Ln N		Transaction ID: C278988	
City State Zip Code Morristown NJ 07960-7027		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	

Full Name (Last, First, Middle Initial) C. Janet Clark		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address #1 Clarke Road		Transaction ID: C277687	
City State Zip Code Berryville AR 72616-0000		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 8 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Dear		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address 3009 Linda Ln.		Transaction ID: C277922	
City State Zip Code Santa Monica CA 90405-5810		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Southern California		Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kenneth Deaton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1062 Forsyth St Suite 1-B		Transaction ID: C278192	
City State Zip Code Macon GA 31201-8302		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joan Dukes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 2934 Horizon Hills Drive		Transaction ID: C279207	
City State Zip Code Prescott AZ 86305-7111		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 9 / 69		
	<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

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

A. Full Name (Last, First, Middle Initial) Mary Evans Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 8339 Carrbridge Circle		Transaction ID: C277351
City State Zip Code Baltimore MD 21204-1814	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B. Full Name (Last, First, Middle Initial) Mary Evans Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address 8339 Carrbridge Circle		Transaction ID: C277939
City State Zip Code Baltimore MD 21204-1814	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) Lisa Fischer-Casto		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 1339 Smith St		Transaction ID: C278754
City State Zip Code Charleston WV 25301-1433	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) ▶	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: (check only one)	PAGE 10 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
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 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 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 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: (check only one)	PAGE 11 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Elizabeth Goldmuntz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 520 North Latches Lane		Transaction ID: C278135
City State Zip Code Merion Station PA 19066-1733	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. S. Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 50 E 77th St #3-A		Transaction ID: C278657
City State Zip Code New York NY 10021-1842	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Evie Macway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 714 Braeview Road		Transaction ID: C277392
City State Zip Code Louisville KY 40206-2990	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Presbyterian Church of Kentucky Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Pastor Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alida Messinger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 30 Rockefeller Plaza, Room 5600		Transaction ID: C279205
City State Zip Code New York NY 10112	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Philanthropist	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christine M. Millen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 58 W 89th St Apt 1f		Transaction ID: C279057
City State Zip Code New York NY 10024-2057	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation DELOITTE CONSULTING CONSULTANT	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bridget Mullen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address PO Box 9339		Transaction ID: C277463
City State Zip Code Jackson WY 83002-9339	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Information Requested Information Requested	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 13 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Priscilla Natkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 55 Morris Ln		Transaction ID: C277597
City State Zip Code Scarsdale NY 10583-4403	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) William O'Connell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address		Transaction ID: C279232
City State Zip Code	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 800.00	

C. Full Name (Last, First, Middle Initial) Jane Pire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 700 Sheffield Court		Transaction ID: C277321
City State Zip Code Lake Forest IL 60045-2760	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ann Poll		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 136 East 55th Street		Transaction ID: C277132	
City State Zip Code New York NY 10022-4517	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HOME MAKER	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ann Poll		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 136 East 55th Street		Transaction ID: C277949	
City State Zip Code New York NY 10022-4517	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HOME MAKER	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Carole Presnick		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 179 Martin Ln		Transaction ID: C277450	
City State Zip Code Orange CT 06477-3031	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lee Ramer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 220 North Bristol Avenue		Transaction ID: C277795 Amount of Each Receipt this Period 100.00
City State Zip Code Los Angeles CA 90049-2604		
FEC ID number of contributing federal political committee. C		
Name of Employer City of Los Angeles Cultural Affairs	Occupation Volunteer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Linda Rankin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 2362 SW Madison St		Transaction ID: C278724 Amount of Each Receipt this Period 300.00
City State Zip Code Portland OR 97205		
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Margo Ritchie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 3504 Sacred Moon Cv		Transaction ID: C277232 Amount of Each Receipt this Period 150.00
City State Zip Code Austin TX 78746-1636		
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Theodore B. Roessel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address PO Box 25		Transaction ID: C277941	
City Casanova	State VA	Zip Code 20139-0025	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Terrie A. Roney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1363 Old Phoenixville Pike		Transaction ID: C277317	
City West Chester	State PA	Zip Code 19380-1454	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) C. Kimberly Rose		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 3232 Oakdell Lane		Transaction ID: C277265	
City Studio City	State CA	Zip Code 91604-4219	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gerould H. Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1823 Edgewood Dr		Transaction ID: C277290
City State Zip Code Palo Alto CA 94303-3016	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Susan Steif		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1012 Oakleaf Circle		Transaction ID: C277431
City State Zip Code Blythewood SC 29016-9766	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. C Whetzel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 5036 Castleman St		Transaction ID: C278667
City State Zip Code Pittsburgh PA 15232-2107	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 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 Page	FOR LINE NUMBER:	PAGE 19 / 69
	(check only one)	
<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

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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 State Zip Code
Washington DC 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)	
<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 type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Allfirst

Mailing Address PO Box 1596

City State Zip Code
Baltimore MD 21203

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

Name of Employer Occupation

Receipt For:
 Primary 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)

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

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

Full Name (Last, First, Middle Initial) A. Allfirst		Transaction ID: D971 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 79.35
City Baltimore	State MD	
Zip Code 21203		
Purpose of Disbursement Bank Fee		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Allfirst		Transaction ID: D996 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 1351.62
City Baltimore	State MD	
Zip Code 21203		
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Direct Advantage Marketing		Transaction ID: D948 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 5601 Hobart Street		Amount of Each Disbursement this Period 1246.70
City Philadelphia	State PA	
Zip Code 15217		
Purpose of Disbursement Telemarketing Fundraising for PAC		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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)

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

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

Full Name (Last, First, Middle Initial) A. Donor Services Group		Transaction ID: D947 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 17000.92
City Los Angeles State CA Zip Code 90064		
Purpose of Disbursement Telemarketing Fundraising for PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Donor Services Group		Transaction ID: D961 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 7588.02
City Los Angeles State CA Zip Code 90064		
Purpose of Disbursement Telemarketing Fundraising for PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Donor Services Group		Transaction ID: D964 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 83.33
City Los Angeles State CA Zip Code 90064		
Purpose of Disbursement Telemarketing Fundraising for PAC		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	24672.27
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Donor Services Group		Transaction ID: D965 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 8244.63
City Los Angeles State CA Zip Code 90064	Purpose of Disbursement Telemarketing Fundraising for PAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Global Payment Solutions		Transaction ID: D972 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 2816.94
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Harris Direct		Transaction ID: D962 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6800 Owensmouth Avenue Suite 200		Amount of Each Disbursement this Period 3640.00
City Canoga Park State CA Zip Code 91303	Purpose of Disbursement Telemarketing Fundraising for PAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	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

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

Full Name (Last, First, Middle Initial) A. Kenmore Envelope Company		Transaction ID: D949 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 42100		Amount of Each Disbursement this Period 2840.50
City Richmond	State VA Zip Code 23224	
Purpose of Disbursement Printing	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) B. LSG Strategies		Transaction ID: D1007 Date of Disbursement 10 / 23 / 2006
Mailing Address 2120 L Street, NW Suite 305		Amount of Each Disbursement this Period 16608.48 [MEMO ITEM] Memo to Adjust Debt-See Pre-Gen. Report
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Automated Calls	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) C. LSG Strategies		Transaction ID: D1029 Date of Disbursement 10 / 23 / 2006
Mailing Address 2120 L Street, NW Suite 305		Amount of Each Disbursement this Period 1258.96 [MEMO ITEM] Memo to Adjust Debt-See Pre-Gen. Report
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Automated Calls	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

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)

<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		Transaction ID: D966 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2120 L Street, NW Suite 305		Amount of Each Disbursement this Period 34232.20
City Washington State DC Zip Code 20037	[MEMO ITEM] Memo to Adjust Debt-See Pre-Gen. Report	
Purpose of Disbursement Automated Calls Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. LSG Strategies		Transaction ID: D967 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 2120 L Street, NW Suite 305		Amount of Each Disbursement this Period 44880.00
City Washington State DC Zip Code 20037	Category/Type	
Purpose of Disbursement Automated Calls Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mission Control, Inc.		Transaction ID: D1005 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 201 Adams		Amount of Each Disbursement this Period -169200.00
City Manchester State CT Zip Code 06040	Category/Type	
Purpose of Disbursement Independent Expenditures, See Line 24 Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

Full Name (Last, First, Middle Initial) A. Payment Solutions, Inc.		Transaction ID: D970 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 30217		Amount of Each Disbursement this Period 715.84
City Bethesda	State MD	
Zip Code 20824		
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Share Group, Inc.		Transaction ID: D960 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 55183		Amount of Each Disbursement this Period 14035.60
City Boston	State MA	
Zip Code 02205		
Purpose of Disbursement Telemarketing Fundraising for PAC		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Share Group, Inc.		Transaction ID: D963 Date of Disbursement 11 / 03 / 2006
Mailing Address PO Box 55183		Amount of Each Disbursement this Period 206.07
City Boston	State MA	
Zip Code 02205		
Purpose of Disbursement Telemarketing Fundraising for PAC		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

A. TC Mailing

Full Name (Last, First, Middle Initial)
Mailing Address 809 Keith Lane

City Owings State MD Zip Code 20736

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D954

Date of Disbursement

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

Amount of Each Disbursement this Period

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

<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. Friends of Dan Maffei		Transaction ID: D946 Date of Disbursement 10 / 19 / 2006
Mailing Address PO BOX 74		Amount of Each Disbursement this Period 2500.00
City Syracuse	State NY	
Zip Code 13214		
Purpose of Disbursement Contribution		
Candidate Name Daniel B. Maffei		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 25		

Full Name (Last, First, Middle Initial) B. Friends of Mazie Hirono		Transaction ID: D953 Date of Disbursement 10 / 24 / 2006
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1000.00
City Honolulu	State HI	
Zip Code 96809		
Purpose of Disbursement Contribution		
Candidate Name Mazie Hirono		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: HI District: 02		

Full Name (Last, First, Middle Initial) C. Hooley for Congress		Transaction ID: D951 Date of Disbursement 10 / 24 / 2006
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 2500.00
City Salem	State OR	
Zip Code 97308		
Purpose of Disbursement Contribution		
Candidate Name Darlene Hooley		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 5		

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

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

Full Name (Last, First, Middle Initial) A. Jill Derby For Congress		Transaction ID: D957 Date of Disbursement 10 / 26 / 2006
Mailing Address P.O. Box 1901		Amount of Each Disbursement this Period 5000.00
City Minden	State NV	
Zip Code 89423	Category/Type	
Purpose of Disbursement Contribution Candidate Name Jill Derby		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 02		

Full Name (Last, First, Middle Initial) B. Judy Feder For Congress		Transaction ID: D952 Date of Disbursement 10 / 24 / 2006
Mailing Address 1514 Hardwood Lane		Amount of Each Disbursement this Period 1000.00
City McLean	State VA	
Zip Code 22101	Category/Type	
Purpose of Disbursement Contribution Candidate Name Judy Feder		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 10		

Full Name (Last, First, Middle Initial) C. Tim Mahoney For Florida		Transaction ID: D955 Date of Disbursement 10 / 24 / 2006
Mailing Address 1128-408 Royal Palm Beach Blvd		Amount of Each Disbursement this Period 2500.00
City Royal Palm Beach	State FL	
Zip Code 33411	Category/Type	
Purpose of Disbursement Contribution Candidate Name Tim Mahoney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 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

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

Full Name (Last, First, Middle Initial)
A. Tim Walz For US Congress

Transaction ID: D956

Date of Disbursement

Mailing Address P.O. Box 938

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

City Mankato State MN Zip Code 56002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Tim Walz

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MN District: 01

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

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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 State Zip Code
Canton MA 02021-2227

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D959

Date of Disbursement

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

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<input 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

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

Full Name (Last, First, Middle Initial) A. Mission Control, Inc.		Transaction ID: D1004 Date of Disbursement 11 / 06 / 2006	
Mailing Address 201 Adams		Amount of Each Disbursement this Period 7500.00	
City Manchester State CT Zip Code 06040	Purpose of Disbursement Nonfed In-kind Printing to Rendell Camp Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NARAL ProChoice America, Inc.		Transaction ID: D1006 Date of Disbursement 11 / 01 / 2006	
Mailing Address 1156 15th Street NW		Amount of Each Disbursement this Period 47400.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Donation Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

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)

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**

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought 86420.08

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

Amount
1524.12

Transaction ID: D985

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought 86420.08

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

Amount
1443.76

Transaction ID: D823

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

Check One: Support Oppose

Disbursement For: Primary General 2006
 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.

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought

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

Amount

Transaction ID: D1030

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought

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

Amount

Transaction ID: D1008

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text" value="2230.08"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text" value="0.00"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

Signature _____ Date

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought 145102.82

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

Amount
3479.44

Transaction ID: D995

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought 86420.08

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

Amount
1518.64

Transaction ID: D994

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	4998.08
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought **86420.08**

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

Amount
1664.68

Transaction ID: D993

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought **86420.08**

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

Amount
1630.36

Transaction ID: D992

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	3295.04
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

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

Amount
1642.08

Transaction ID: D991

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

Check One: Support Oppose

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

Calendar Year-To-Date Per Election
for Office Sought

86420.08

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

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

Amount
1524.12

Transaction ID: D990

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

Check One: Support Oppose

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

Calendar Year-To-Date Per Election
for Office Sought

76893.16

(a) SUBTOTAL of Itemized Independent Expenditures	3166.20
(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.

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

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

Calendar Year-To-Date Per Election for Office Sought	76893.16
---	----------

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

Amount
1630.36

Transaction ID: D989

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

Calendar Year-To-Date Per Election for Office Sought	76926.76
---	----------

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

Amount
1518.64

Transaction ID: D988

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	3149.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

Date M M / D D / Y Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

Amount
1600.60

City State Zip Code
Washington DC 20037

Transaction ID: D986
Office Sought: House State: AZ
 Senate District: 08
 Presidential

Purpose of Expenditure
Automated Calls

Category/
Type

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 77189.98

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

Amount
629.48

City State Zip Code
Washington DC 20037

Transaction ID: D1031
Office Sought: House State: IA
 Senate District: 01
 Presidential

Purpose of Expenditure
Automated Calls

Category/
Type

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1258.96

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

(a) SUBTOTAL of Itemized Independent Expenditures	2230.08
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

Amount
3502.80

City State Zip Code
Washington DC 20037

Transaction ID: D984
Office Sought: House State: PA
 Senate District: 07
 Presidential

Purpose of Expenditure
Automated Calls

Category/
Type

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election
for Office Sought 145102.82

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

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

Mailing Address
2120 L Street, NW
Suite 305

Amount
3714.16

City State Zip Code
Washington DC 20037

Transaction ID: D983
Office Sought: House State: PA
 Senate District: 08
 Presidential

Purpose of Expenditure
Automated Calls

Category/
Type

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election
for Office Sought 145296.58

(a) SUBTOTAL of Itemized Independent Expenditures	7216.96
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
2120 L Street, NW
Suite 305

City	State	Zip Code
Washington	DC	20037

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

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

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

Amount
3311.60

Transaction ID: D982

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

Check One: Support Oppose

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

Calendar Year-To-Date Per Election
for Office Sought

145296.58

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

Mailing Address
2120 L Street, NW
Suite 305

City	State	Zip Code
Washington	DC	20037

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

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

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

Amount
1664.68

Transaction ID: D981

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

Check One: Support Oppose

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

Calendar Year-To-Date Per Election
for Office Sought

77189.98

(a) SUBTOTAL of Itemized Independent Expenditures	4976.28
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

Date M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought **145102.82**

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

Amount
3586.08
Transaction ID: D977

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

Purpose of Expenditure Category/Type
Automated Calls

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

Calendar Year-To-Date Per Election for Office Sought **145296.58**

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

Amount
3736.32
Transaction ID: D851

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	7322.40
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

Calendar Year-To-Date Per Election for Office Sought	77189.98
---	----------

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

Amount
1629.80

Transaction ID: D839

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

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

Calendar Year-To-Date Per Election for Office Sought	76926.76
---	----------

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

Amount
1471.12

Transaction ID: D837

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	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.

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
2120 L Street, NW
Suite 305

City	State	Zip Code
Washington	DC	20037

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

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

Calendar Year-To-Date Per Election for Office Sought	76893.16
---	----------

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

Amount
1443.76

Transaction ID: D826

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

City	State	Zip Code
Washington	DC	20037

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

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

Calendar Year-To-Date Per Election for Office Sought	86420.08
---	----------

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

Amount
1629.80

Transaction ID: D825

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

Check One: Support Oppose

Disbursement For: Primary General 2006
 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.

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

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

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

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

Calendar Year-To-Date Per Election for Office Sought	86420.08
---	----------

Date

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

Amount

1471.12

Transaction ID: D824

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

Check One: Support Oppose

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

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

Mailing Address
2120 L Street, NW
Suite 305

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

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

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

Calendar Year-To-Date Per Election for Office Sought	76926.76
---	----------

Date

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

Amount

1642.08

Transaction ID: D987

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3113.20</td> </tr> </table>	3113.20
3113.20		
(b) SUBTOTAL of Unitemized Independent Expenditures	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">0.00</td> </tr> </table>	0.00
0.00		
(c) TOTAL Independent Expenditures	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	

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

Date

M M	/	D D	/	Y Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	86420.08
---	----------

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

Amount
7950.00

Transaction ID: D829

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

Calendar Year-To-Date Per Election for Office Sought	145296.58
---	-----------

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

Amount
360.00

Transaction ID: D854

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	8310.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount
3750.00

City State Zip Code
Manchester CT 06040

Transaction ID: D944

Purpose of Expenditure
Printing

Category/Type

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

Name of Federal Candidate supported or Opposed by expenditure:
Patrick J. Murphy

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
145296.58

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount
4333.30

City State Zip Code
Manchester CT 06040

Transaction ID: D943

Purpose of Expenditure
Postage

Category/Type

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

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
77189.98

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

(a) SUBTOTAL of Itemized Independent Expenditures	8083.30
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Printing

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

Calendar Year-To-Date Per Election for Office Sought **77189.98**

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

Amount
6716.60
Transaction ID: D942

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Postage

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

Calendar Year-To-Date Per Election for Office Sought **76926.76**

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

Amount
4333.30
Transaction ID: D941

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	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.

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	76926.76
---	----------

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

Amount
6716.62

Transaction ID: D940

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	76893.16
---	----------

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

Amount
4333.30

Transaction ID: D939

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	11049.92
(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.

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	76893.16
---	----------

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

Amount
6716.62

Transaction ID: D938

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	86420.08
---	----------

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

Amount
4333.30

Transaction ID: D937

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	11049.92
(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.

Date M M / D D / Y Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount
6716.62

City State Zip Code
Manchester CT 06040

Transaction ID: D936
Office Sought: House State: AZ
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Printing

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election for Office Sought
86420.08

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
427.50

City State Zip Code
Manchester CT 06040

Transaction ID: D896
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Category/Type
Creative Photography

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election for Office Sought
76926.76

(a) SUBTOTAL of Itemized Independent Expenditures	7144.12
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount
7950.00

City State Zip Code
Manchester CT 06040

Transaction ID: D895

Purpose of Expenditure Category/Type
Postage

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

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
76926.76

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D828

Purpose of Expenditure Category/Type
Printing

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

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
86420.08

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

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

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

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

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Postage

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

Calendar Year-To-Date Per Election for Office Sought 76893.16

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

Amount
7950.00

Transaction ID: D888

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Printing

Name of Federal Candidate supported or Opposed by expenditure:
Joseph A. Sestak, Jr.

Calendar Year-To-Date Per Election for Office Sought 145102.82

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

Amount
3750.00

Transaction ID: D945

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	11700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Date

M 1 0	/	D 1 9	/	Y 2 0 0 6
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Mailing Address
201 Adams
Manchester, CT 06040

Amount

16800.00

City Manchester	State CT	Zip Code 06040
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Transaction ID: D853

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

Purpose of Expenditure Postage	Category/ Type
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Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election for Office Sought	145296.58
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Full Name (Last, First, Middle, Initial) of Payee
Mission Control, Inc.

Date

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount

26040.00

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

Transaction ID: D852

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

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

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election for Office Sought	145296.58
---	-----------

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

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

Signature _____ Date

M 	/	D 	/	Y
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

Purpose of Expenditure
Creative Photography

Category/Type

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

Calendar Year-To-Date Per Election for Office Sought **145102.82**

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

Amount
360.00

Transaction ID: D849

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

Purpose of Expenditure
Postage

Category/Type

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

Calendar Year-To-Date Per Election for Office Sought **145102.82**

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

Amount
16800.00

Transaction ID: D848

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	17160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Printing

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

Calendar Year-To-Date Per Election for Office Sought 145102.82

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

Amount
26040.00

Transaction ID: D847

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

City State Zip Code
Manchester CT 06040

Purpose of Expenditure Category/Type
Creative Photography

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

Calendar Year-To-Date Per Election for Office Sought 77189.98

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

Amount
427.50

Transaction ID: D842

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	26467.50
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	77189.98
---	----------

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

Amount
7950.00

Transaction ID: D841

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

Check One: Support Oppose

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

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

Mailing Address
201 Adams
Manchester, CT 06040

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

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

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

Calendar Year-To-Date Per Election for Office Sought	77189.98
---	----------

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

Amount
12322.50

Transaction ID: D840

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

Check One: Support Oppose

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

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

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

Date M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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
427.50
Transaction ID: D833

City	State	Zip Code
Manchester	CT	06040

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

Purpose of Expenditure Creative Photography	Category/ Type
--	-------------------

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election
for Office Sought 76893.16

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
12322.50
Transaction ID: D831

City	State	Zip Code
Manchester	CT	06040

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

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

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election
for Office Sought 76893.16

(a) SUBTOTAL of Itemized Independent Expenditures	12750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

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

Signature _____ Date

M	M	/	D	D	/	Y	Y	Y	Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Mailing Address
201 Adams
Manchester, CT 06040

Amount
427.50

City State Zip Code
Manchester CT 06040

Transaction ID: D830
Office Sought: House State: AZ
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Creative Photography

Check One: Support Oppose

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

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

Calendar Year-To-Date Per Election for Office Sought
86420.08

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
12322.50

City State Zip Code
Manchester CT 06040

Transaction ID: D894
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Category/Type
Printing

Check One: Support Oppose

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

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

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

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

Image# 27930314799

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

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

Image# 27930314800

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

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

Image# 27930314801

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

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

Image# 27930314802

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

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

Image# 27930314803

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

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

Image# 27930314804

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

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

Image# 27930314805

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

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

Image# 27930314806

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D984**

Form/Schedule: **SE24** See Pre-General Report
Transaction ID: **D1008**

Image# 27930314807

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

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