

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer John Botts

Signature of Treasurer Electronically Filed by John Botts Date 04 18 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NARAL Pro-Choice America

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		258462.99
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	306450.09									
(c) Total Receipts (from Line 19) .....	33370.88	87057.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	339820.97	345519.99								
7. Total Disbursements (from Line 31) .....	55569.19	61268.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	284251.78	284251.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NARAL Pro-Choice America

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	31000.00	52730.00
(i) Itemized (use Schedule A) .....	1735.00	31865.00
(ii) Unitemized .....	32735.00	84595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	32735.00	84595.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	635.88	2462.00
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)) .....	33370.88	87057.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33370.88	87057.00

**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.....	5569.19	8768.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5569.19	8768.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	52500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55569.19	61268.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55569.19	61268.21

**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) .....	32735.00	84595.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32735.00	84595.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5569.19	8768.21
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5569.19	8768.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Fred A. Berry		Date of Receipt MM / DD / YYYY 03 / 19 / 2008		
	Mailing Address P.O. Box 648		<b>Transaction ID:</b> C4649610		
	City Yellville	State AR	Zip Code 72687-0648	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Arkansas College	Occupation Teacher	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Denise Burgess		Date of Receipt MM / DD / YYYY 03 / 25 / 2008		
	Mailing Address 171 Wellesley Street		<b>Transaction ID:</b> C4649618		
	City Weston	State MA	Zip Code 02493-1556	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	Occupation None	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Maureen Cogan		Date of Receipt MM / DD / YYYY 03 / 20 / 2008		
	Mailing Address 15 W. 53rd Street, #31B		<b>Transaction ID:</b> C4649617		
	City New York	State NY	Zip Code 10019-5401	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Homemaker	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) M.J. Crane		Date of Receipt
	Mailing Address 2289 Onandaga Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2008
	City	State	Zip Code
	Columbus	OH	43221
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C4649603
Name of Employer Shackelford Family Foundation		Occupation Trustee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary A. Desmond		Date of Receipt
	Mailing Address 5 Solana, Apt. 24		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2008
	City	State	Zip Code
	Irvine	CA	92612-4678
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C4649612
Name of Employer Deft, Inc.		Occupation Business owner; Chief Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Peggy H. Dow		Date of Receipt
	Mailing Address 80 Valley Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2008
	City	State	Zip Code
	Atherton	CA	94027
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C4649616
Name of Employer Self-Employed		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Amy Fikes

Mailing Address 500 N. Akard Street, Ste 1919

City State Zip Code  
Dallas TX 75201-6696

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Community Volunteer Former bookshop owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2008

**Transaction ID:** C4649620

Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Rebecca A. Follo

Mailing Address 186 Atherton Avenue

City State Zip Code  
Atherton CA 94027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 19 / 2008

**Transaction ID:** C4649613

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 910 S. Michigan Avenue, Apt. 1703

City State Zip Code  
Chicago IL 60605-2291

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 25 / 2008

**Transaction ID:** C4649609

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 6500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Melissa A. Jones

Mailing Address 2513 McCallum Dr

City State Zip Code  
Austin TX 78703-2520

FEC ID number of contributing federal political committee. C

Name of Employer: Director of Austin Trust Company  
Occupation: Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 18 / 2008

**Transaction ID:** C4649605

Amount of Each Receipt this Period 1000.00

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

Mailing Address 903 Park Avenue, Ste 11C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer: Self-Employed  
Occupation: Author/Writer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** C4649602

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1501 Roxanna Road, NW

City State Zip Code  
Washington DC 20012-1227

FEC ID number of contributing federal political committee. C

Name of Employer: LSG Strategies  
Occupation: Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** C4649601

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 19  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jan M. Montgomery

Mailing Address 942 Via Fruteria

City State Zip Code  
Santa Barbara CA 93110-2322

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** C4649590

Amount of Each Receipt this Period  
2000.00

**B.**

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

Mailing Address 3443 Guilford Ter

City State Zip Code  
Baltimore MD 21218-2827

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

Name of Employer UMBC Center for Health Development & M Occupation Spatial Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2008

**Transaction ID:** C4649606

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Anne R. Rudolph

Mailing Address 68 Tuscaloosa Avenue

City State Zip Code  
Atherton CA 94027-4015

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

Name of Employer Worth Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2008

**Transaction ID:** C4649600

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Lise K. Satterfield

Mailing Address 1905 Corbridge Ln

City State Zip Code  
Monkton MD 21111-2027

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

Name of Employer Occupation  
Towsend Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** C4649591

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4614 N. Dittmar Road

City State Zip Code  
Arlington VA 22207-4300

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

Name of Employer Occupation  
Morgan Stanley Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2008

**Transaction ID:** C4649619

Amount of Each Receipt this Period  
500.00

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

Mailing Address 555 Park Ave  
Apt 8E

City State Zip Code  
New York NY 10021-8166

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

Name of Employer Occupation  
G7 Group IN Political and Economic Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2008

**Transaction ID:** C4649607

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	31000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 19	
	(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"/> 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
---

A.

Full Name (Last, First, Middle Initial) Allfirst		Date of Receipt
Mailing Address PO Box 1596		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Baltimore	MD	21203-1596
FEC ID number of contributing federal political committee.		Transaction ID: C4650466
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="635.88"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2462.00"/>	*
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="635.88"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="635.88"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Adams Hussey	Transaction ID: D202324 Date of Disbursement 03 / 07 / 2008
	Mailing Address 1600 Wilson Blvd., #300	Amount of Each Disbursement this Period 2000.00
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Copywriting/Production for PAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allfirst	Transaction ID: D202330 Date of Disbursement 03 / 31 / 2008
	Mailing Address PO Box 1596	Amount of Each Disbursement this Period 146.60
	City Baltimore State MD Zip Code 21203-1596	
	Purpose of Disbursement Credit Card Processing Fees for PAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Allfirst	Transaction ID: D202331 Date of Disbursement 03 / 31 / 2008
	Mailing Address PO Box 1596	Amount of Each Disbursement this Period 48.71
	City Baltimore State MD Zip Code 21203-1596	
	Purpose of Disbursement Banking Fee for PAC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2195.31
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Global Payment Solutions	Transaction ID: D202332
	Mailing Address 10705 Red Run Blvd	Date of Disbursement MM / DD / YYYY 03 / 31 / 2008
	City Owings Mills State MD Zip Code 21117-5134	Amount of Each Disbursement this Period 169.21
	Purpose of Disbursement Credit Card Processing Fees for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Payment Solutions, Inc.	Transaction ID: D202328
	Mailing Address PO Box 30217	Date of Disbursement MM / DD / YYYY 03 / 28 / 2008
	City Bethesda State MD Zip Code 20824-0217	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Credit Card Processing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Payment Solutions, Inc.	Transaction ID: D202325
	Mailing Address PO Box 30217	Date of Disbursement MM / DD / YYYY 03 / 07 / 2008
	City Bethesda State MD Zip Code 20824-0217	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Credit Card Processing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	269.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Share Group, Inc.	Transaction ID: D202326
	Mailing Address PO Box 55183	Date of Disbursement 03 / 07 / 2008
	City Boston State MA Zip Code 02205-5183	Amount of Each Disbursement this Period 1617.30
	Purpose of Disbursement Telemarketing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Share Group, Inc.	Transaction ID: D202327
	Mailing Address PO Box 55183	Date of Disbursement 03 / 13 / 2008
	City Boston State MA Zip Code 02205-5183	Amount of Each Disbursement this Period 597.67
	Purpose of Disbursement Telemarketing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Share Group, Inc.	Transaction ID: D202329
	Mailing Address PO Box 55183	Date of Disbursement 03 / 28 / 2008
	City Boston State MA Zip Code 02205-5183	Amount of Each Disbursement this Period 889.70
	Purpose of Disbursement Telemarketing for PAC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3104.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5569.19</b>

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

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FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Andre Carson for Congress	Transaction ID: D202314 Date of Disbursement 03 / 03 / 2008
	Mailing Address One North Capitol Street #211	Amount of Each Disbursement this Period 5000.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Contribution, Special-General	
	Candidate Name Andre Carson	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

B.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE	Transaction ID: D202315 Date of Disbursement 03 / 03 / 2008
	Mailing Address PO Box 703	Amount of Each Disbursement this Period 2500.00
	City Geneva State IL Zip Code 60134	
	Purpose of Disbursement Contribution - Special, General	
	Candidate Name William Foster	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: D202317 Date of Disbursement 03 / 03 / 2008
	Mailing Address 120 Maryland Ave NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002-5610	
	Purpose of Disbursement Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	22500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

**A.** Full Name (Last, First, Middle Initial)  
DONNA EDWARDS FOR CONGRESS

Mailing Address P.O. Box 441153

City Fort Washington State MD Zip Code 20749

Purpose of Disbursement  
Contribution

Candidate Name  
Donna Edward

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MD District: 04

Transaction ID: D202318

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

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

Mailing Address 929 Harrison Avenue  
Suite 305

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name  
Mary Jo Kilroy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: D202319

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
LAUTENBERG FOR U S SENATE COMMITTEE

Mailing Address ONE NEWARK CENTER

City NEWARK State NJ Zip Code 07102

Purpose of Disbursement  
Contribution

Candidate Name  
Frank Lautenberg

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 00

Transaction ID: D202320

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	8

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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<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

A.	Full Name (Last, First, Middle Initial) PETERS FOR US CONGRESS	Transaction ID: D202321
	Mailing Address PO Box 226	Date of Disbursement MM / DD / YYYY 03 / 03 / 2008
	City Bloomfield Hills State MI Zip Code 48303	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Gary Peters Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Rick Noriega for Texas	Transaction ID: D202322
	Mailing Address PO Box 231163	Date of Disbursement MM / DD / YYYY 03 / 03 / 2008
	City Houston State TX Zip Code 77223	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Richard Noriega Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS	Transaction ID: D202316
	Mailing Address PO Box 14528	Date of Disbursement MM / DD / YYYY 03 / 03 / 2008
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Ciro D. Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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Detailed Summary Page

FOR LINE NUMBER:  
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<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

A.	Full Name (Last, First, Middle Initial) Udall for Colorado		Transaction ID: D202323	
	Mailing Address PO Box 40158		Date of Disbursement MM / DD / YYYY 03 / 03 / 2008	
	City Denver	State CO	Zip Code 80204	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution		Category/ Type	
	Candidate Name Mark E. Udall			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: CO	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	50000.00