

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

NARAL Pro-Choice America PAC

ADDRESS (number and street)

1156 15th Street NW, Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00079541

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2006

through

07

31

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

08

18

2006

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
NARAL Pro-Choice America PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		635155.37
(b) Cash on Hand at Beginning of Reporting Period .....	619775.47	
(c) Total Receipts (from Line 19) .....	69406.82	338246.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	689182.29	973401.42
7. Total Disbursements (from Line 31) .....	65842.97	350062.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	623339.32	623339.32
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	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	8618.00	99893.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	57898.39	217115.61
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	66516.39	317008.61
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	66516.39	322008.61
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) .....	261.79	261.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2628.64	15975.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	69406.82	338246.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69406.82	338246.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	14342.97	116077.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	14342.97	116077.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	233000.00
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	985.00
(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	985.00
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))..	65842.97	350062.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65842.97	350062.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	66516.39	322008.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	985.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66516.39	321023.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14342.97	116077.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	261.79	261.79
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14081.18	115815.31

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

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

Patricia Finkelman

Mailing Address 130 S Mulberry St

City State Zip Code  
 Granville OH 43023-1116

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  
 0 7 / 0 3 / 2 0 0 6

Transaction ID: C253166

Amount of Each Receipt this Period

250.00

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

Robert J. Rudin

Mailing Address 35 Mayflower Dr

City State Zip Code  
 Tenafly NJ 07670-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C253974

Amount of Each Receipt this Period

50.00

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

Martha Brandon

Mailing Address 9719 Golf Club Dr

City State Zip Code  
 Granite Bay CA 95746-6756

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  
 0 7 / 1 1 / 2 0 0 6

Transaction ID: C253587

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

A. Sherry F. Schulman

Mailing Address 341 Emerald Bay

City

Laguna Beach

State

CA

Zip Code

92651-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C254053

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sherry F. Schulman

Mailing Address 341 Emerald Bay

City

Laguna Beach

State

CA

Zip Code

92651-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C253971

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leah R. Sklar

Mailing Address 7515 Woodrow Wilson Drive

City

Los Angeles

State

CA

Zip Code

90046-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C253342

Amount of Each Receipt this Period

150.00

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

350.00

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

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

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

NARAL Pro-Choice America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Lifschultz Mailing Address Old Roaring Brook Rd City State Zip Code Mount Kisco NY 10549 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6 <b>Transaction ID: C254750</b> Amount of Each Receipt this Period 250.00
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
<b>B.</b> Full Name (Last, First, Middle Initial) Michael S. Beattie Mailing Address 3355 Heritage Oaks Drive City State Zip Code Hilliard OH 43026-7633 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 <b>Transaction ID: C253586</b> Amount of Each Receipt this Period 200.00
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 ▼ 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Anne S. Bent Mailing Address 361 Moffett Road City State Zip Code Lake Bluff IL 60044-2815 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 <b>Transaction ID: C254727</b> Amount of Each Receipt this Period 500.00
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

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

950.00

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



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

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Nan Wiener Mailing Address 133 Henry St City San Francisco State CA Zip Code 94114-1216 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer San Francisco Magazine Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> C254876 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gail R. Friedberg Mailing Address 41-06 Christine Ct City Fair Lawn State NJ Zip Code 07410-5701 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation HOUSEWIFE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> C253127 Amount of Each Receipt this Period 218.00
<b>C.</b> Full Name (Last, First, Middle Initial) Alice Rubin Mailing Address 1266 Ruffner Road City Niskayuna State NY Zip Code 12309-4601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 6 <b>Transaction ID:</b> C254358 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) .....**818.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

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

Paula Vanakkeren

Mailing Address 1555 Ridge Rd

City State Zip Code  
 Sheboygan WI 53083-2210

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  
 0 7 / 2 4 / 2 0 0 6

Transaction ID: C254124

Amount of Each Receipt this Period

150.00

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

Natalie Saylor

Mailing Address 1190 Sacramento Street

City State Zip Code  
 San Francisco CA 94108-1946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 5 / 2 0 0 6

Transaction ID: C253180

Amount of Each Receipt this Period

100.00

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

Natalie Saylor

Mailing Address 1190 Sacramento Street

City State Zip Code  
 San Francisco CA 94108-1946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C254352

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

**A.** Full Name (Last, First, Middle Initial)  
Marguerite Schnell Strand

Mailing Address 3529 Browning Street

City State Zip Code  
 San Diego CA 92106-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best, Best & Krieger LLP

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C254057

Amount of Each Receipt this Period

300.00

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

Mailing Address 190 E 72nd St, Apt 33C

City State Zip Code  
 New York NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Kathryn Green Literacy  
Agency

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 4 / 2 0 0 6

Transaction ID: C254857

Amount of Each Receipt this Period

5000.00

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

Mailing Address 6 Fern Road

City State Zip Code  
 Larchmont NY 10538-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Market Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C254354

Amount of Each Receipt this Period

150.00

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

5450.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

A. Full Name (Last, First, Middle Initial)  
Christine E. Lefler

Mailing Address 6 Fern Road

City State Zip Code  
 Larchmont NY 10538-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Market Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 3 1 / 2 0 0 6

Transaction ID: C254395

Amount of Each Receipt this Period

150.00

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

150.00

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

8618.00

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

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

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Visa Check/Master Money Antitrust Litigation Settlement Fund

Mailing Address PO Box 9000  
#6014

City State Zip Code  
Merrick NY 11566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.79

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: C254904

Amount of Each Receipt this Period

261.79

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

261.79

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

261.79

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

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

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

**A.**

Full Name (Last, First, Middle Initial)

Allfirst

Mailing Address PO Box 1596

City

Baltimore

State

MD

Zip Code

21203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15975.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 6

Transaction ID: C254903

Amount of Each Receipt this Period

2628.64

\* Interest Income

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

2628.64

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

2628.64

# **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 15 / 20

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

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Allfirst

Mailing Address PO Box 1596

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID: D741**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

111.83

Full Name (Last, First, Middle Initial)

**B.** Allfirst

Mailing Address PO Box 1596

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement  
Credit Card Merchant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID: D742**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

302.39

Full Name (Last, First, Middle Initial)

**C.** Donor Services Group

Mailing Address 11500 Olympic Boulevard  
Suite 540

City  
Los Angeles

State  
CA

Zip Code  
90064

Purpose of Disbursement  
Telemarketing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID: D743**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2641.90

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

3056.12

**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 16 / 20

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

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** SD&A Teleservices, Inc.

Mailing Address 101 Continental Boulevard  
Suite 400

City State Zip Code  
El Segundo CA 90245

Purpose of Disbursement  
Telemarketing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D744**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8752.20

Full Name (Last, First, Middle Initial)

**B.** Global Payment Solutions

Mailing Address 10705 Red Run Boulevard

City State Zip Code  
Owings Mills MD 21117

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D740**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2534.65

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

11286.85

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

14342.97



# **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 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.** Friends of Dan Maffei

Mailing Address PO BOX 74

City  
Syracuse

State  
NY

Zip Code  
13214

Purpose of Disbursement  
Contribution

Candidate Name  
Daniel B. Maffei

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NY District: 25

**Transaction ID: D752**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Joe Lieberman

Mailing Address PO Box 231294

City  
Hartford

State  
CT

Zip Code  
6123

Purpose of Disbursement  
Contribution

Candidate Name  
Joseph I. Lieberman

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: CT District:

**Transaction ID: D750**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Patrick Murphy for Congress

Mailing Address PO BOX 868

City  
Levittown

State  
PA

Zip Code  
19058

Purpose of Disbursement  
Contribution

Candidate Name  
Patrick J. Murphy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: PA District: 08

**Transaction ID: D753**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

14000.00

**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)

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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 PAC

Full Name (Last, First, Middle Initial)

**A.** Friend of Tammy Duckworth

Mailing Address 416 W. 22nd St

City  
Lombard

State  
IL

Zip Code  
60148

Purpose of Disbursement  
Contribution

Candidate Name  
Tammy L. Duckworth

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: IL District: 06

Transaction ID: D747

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Klein for Congress

Mailing Address 21301 Powerline Road  
Suite 204

City  
Boca Raton

State  
FL

Zip Code  
33433

Purpose of Disbursement  
Contribution

Candidate Name  
Ron Klein

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: FL District: 22

Transaction ID: D749

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Tammy Baldwin for Congress

Mailing Address P.O. Box 696

City  
Madison

State  
WI

Zip Code  
53701

Purpose of Disbursement  
Contribution

Candidate Name  
Tammy Baldwin

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: WI District: 2

Transaction ID: D756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

11000.00

**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 19 / 20

<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.** Linda Stender for Congress

Mailing Address PO Box 730

City  
Scotch Plains

State  
NJ

Zip Code  
07076

Purpose of Disbursement  
Contribution

Candidate Name  
Linda D. Stender

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NJ District: 07

**Transaction ID: D751**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Pederson 2006

Mailing Address PO Box 34144

City  
Phoenix

State  
AZ

Zip Code  
85067

Purpose of Disbursement  
Contribution

Candidate Name  
Jim Pederson

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: AZ District:

**Transaction ID: D755**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Pederson 2006

Mailing Address PO Box 34144

City  
Phoenix

State  
AZ

Zip Code  
85067

Purpose of Disbursement  
Contribution

Candidate Name  
Jim Pederson

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: AZ District:

**Transaction ID: D754**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

12500.00

**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)

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

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NAME OF COMMITTEE (In Full)

NARAL Pro-Choice America PAC

Full Name (Last, First, Middle Initial)

**A.** Arcuri for Congress

Mailing Address 2617 CRESTWAY

City State Zip Code  
Utica NY 13501

Purpose of Disbursement  
Contribution

Candidate Name  
Michael A. Arcuri

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NY District: 24

Transaction ID: D745

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Kilroy for Congress

Mailing Address 929 Harrison Avenue  
Suite 305

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Contribution

Candidate Name  
Mary Jo Kilroy

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: OH District: 15

Transaction ID: D748

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Darcy Burner for Congress

Mailing Address PO Box 1090

City State Zip Code  
Carnation WA 98014

Purpose of Disbursement  
Contribution

Candidate Name  
Darcy Burner

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: WA District: 08

Transaction ID: D746

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

14000.00

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

51500.00