

**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 (12S)

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

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

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

Kimberley Robinson

Signature of Treasurer

Electronically Filed by Kimberley Robinson

Date

1 2

0 2

2 0 1 0

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

FEC Form 3X (Rev. 02/2003)

2 / 30

Write or Type Committee Name  
NARAL Pro-Choice America PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	103108.21
(b) Cash on Hand at Beginning of Reporting Period .....	284827.12	
(c) Total Receipts (from Line 19) .....	88658.62	598147.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	373485.74	701255.78
7. Total Disbursements (from Line 31) .....	273665.00	601435.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	99820.74	99820.74
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

FEC Form 3X (Rev. 06/2004)

3 / 30

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8435.00	169566.91
(ii) Unitemized .....	74631.50	412953.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	83066.50	582519.97
(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) .....	83066.50	582519.97
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) .....	5592.12	5627.60
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	88658.62	598147.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	88658.62	598147.57

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	1575.00	16345.04	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1575.00	16345.04	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	174000.00	487000.00	
24. Independent Expenditure (use Schedule E) .....	98000.00	98000.00	
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 .....	90.00	90.00	
(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)) .....	90.00	90.00	
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))..	273665.00	601435.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	273665.00	601435.04	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	83066.50	582519.97
34. Total Contribution Refunds (from Line 28(d)) .....	90.00	90.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82976.50	582429.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1575.00	16345.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	5592.12	5627.60
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-4017.12	10717.44

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

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

FOR LINE NUMBER: PAGE 6 / 30

(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)

Susan Bland

Mailing Address 1178 Harvard Ave E Ste 6

City

Seattle

State

WA

Zip Code

98102-4395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6405033

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brenda S Butzel

Mailing Address 1125 Park Ave

City

New York

State

NY

Zip Code

10128-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Clinical Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C6405006

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Sharon Campbell

Mailing Address 210 34th Ave E

City

Seattle

State

WA

Zip Code

98112-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Interior Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C6405619

Amount of Each Receipt this Period

400.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 30

(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)

Donald P Courtsal

Mailing Address 1208 Woodland Roa

City

Pittsburgh

State

PA

Zip Code

15237-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C6404869

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Karen Fuson

Mailing Address 290 Old Hill Road

City

Fallbrook

State

CA

Zip Code

92028-2570

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C6404626

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Gertrude Garfield

Mailing Address 2132 Century Park Lane Apt 315

City

Los Angeles

State

CA

Zip Code

90067-3321

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 Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6405343

Amount of Each Receipt this Period

300.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 30

(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)

Irene Kress

Mailing Address 3233 Tam O Shanter Ct

City

Green Bay

State

WI

Zip Code

54301-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6404949

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Eleanor Y. Lord

Mailing Address 65 Monument Valley Rd.  
65 Monument Valley Rd.

City

Great Barrington

State

MA

Zip Code

01230-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6404947

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Alexandra There Maciag

Mailing Address 438 Delaware Avenue # A  
438 Delaware Avenue # A

City

Delmar

State

NY

Zip Code

12054-3040

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 1 0

Transaction ID: C6404837

Amount of Each Receipt this Period

100.00

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

1100.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 30

(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)

Alexandra There Maciag

Mailing Address 438 Delaware Avenue # A  
 438 Delaware Avenue # A

City State Zip Code  
 Delmar NY 12054-3040

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 1 / 1 8 / 2 0 1 0

Transaction ID: C6406338

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Sigrid Maldonado

Mailing Address 66 Old Fort Ln

City State Zip Code  
 Dunbarton NH 03046-4722

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6405547

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Miriam McCreary

Mailing Address 2467 Bridgeview Ct

City State Zip Code  
 Mendota Heights MN 55120-1610

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 Y  
 1 0 / 2 1 / 2 0 1 0

Transaction ID: C6404646

Amount of Each Receipt this Period

300.00

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

700.00

**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 / 30

(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)

Jill V. McGill

Mailing Address 5523 Masonic Ave

City

Oakland

State

CA

Zip Code

94618-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Bay Perinatal Medical  
Associates

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6404873

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Sarah K Mitchell

Mailing Address 51 Dartmoor

City

Enfield

State

CT

Zip Code

06082-2249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6404351

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Oliver

Mailing Address Po Box 1205, 291 Pilot Point L

City

Boca Grande

State

FL

Zip Code

33921-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6404704

Amount of Each Receipt this Period

500.00

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

1250.00

**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 / 30

(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)

Diane Rigney

Mailing Address 4805 Stanley Farm Ct

City

La Grange

State

KY

Zip Code

40031-6715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
eaton corp.

Occupation  
up-hr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C6406258

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Freda Schwartz

Mailing Address 60 Cassandra Blvd Apt 107

City

West Hartford

State

CT

Zip Code

06107-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C6406232

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Freda Schwartz

Mailing Address 60 Cassandra Blvd Apt 107

City

West Hartford

State

CT

Zip Code

06107-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C6406233

Amount of Each Receipt this Period

100.00

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

300.00

**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 12 / 30

(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)

Jo Seibel

Mailing Address 55 Country Corners Rd

City

Wayland

State

MA

Zip Code

01778-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEAVE OF ABSENCE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C6405890

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Alexa Seip

Mailing Address 7961 Bloomfield Rd

City

Easton

State

MD

Zip Code

21601-7513

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 Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C6406257

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Donna J Sinetar

Mailing Address 18 Shadow Ln

City

Woodbury

State

NY

Zip Code

11797-2222

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 Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C6405415

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(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)  
Shoshanna Sofaer

Mailing Address 101 W 12th St  
Apt 9G

City State Zip Code  
New York NY 10011-8118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BARUCH COLLEGE

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6405545

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Eileen Storey

Mailing Address 106 Ridgewood Estates

City State Zip Code  
Morgantown WV 26508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6406020

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Lynn C Towbes

Mailing Address 870 Rockbridge Rd

City State Zip Code  
Santa Barbara CA 93108-1129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Psychologist

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 1 / 0 2 / 2 0 1 0

Transaction ID: C6406145

Amount of Each Receipt this Period

100.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 30

(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)

Lili C Townsend

Mailing Address 3288 Waileia Place

City

Kihei

State

HI

Zip Code

96753-9340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: C6406146

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

Bonnie Walters

Mailing Address 392 Christina Way

City

San Luis Obispo

State

CA

Zip Code

93405-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: C6405631

Amount of Each Receipt this Period

265.00

**C.**

Full Name (Last, First, Middle Initial)

Craig R. Wyss

Mailing Address 19504 47th Ave NE

City

Lake Forest Park

State

WA

Zip Code

98155-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6405395

Amount of Each Receipt this Period

250.00

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

785.00

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

8435.00

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

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

FOR LINE NUMBER: PAGE 15 / 30

(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)

NARAL ProChoice America, Inc.

Mailing Address 1156 15th Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5592.12

Date of Receipt

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

Transaction ID: C6406383

Amount of Each Receipt this Period

1144.78

Reimbursement of admin.  
fees paid by PAC

**B.**

Full Name (Last, First, Middle Initial)

NARAL ProChoice America, Inc.

Mailing Address 1156 15th Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5592.12

Date of Receipt

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

Transaction ID: C6406384

Amount of Each Receipt this Period

4447.34

Reimbursement of admin.  
fees paid by PAC

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

5592.12

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

5592.12

# **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 PAC

A.

Full Name (Last, First, Middle Initial)

Catalist, LLC

Mailing Address 1101 Vermont Avenue, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
List & data services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D326247

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1575.00

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

1575.00

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

1575.00



# **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)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee	<b>Transaction ID:</b> D326220
Mailing Address PO Box 1242	Date of Disbursement
City Tucson State AZ Zip Code 85702	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period
Candidate Name Raul M. Grijalva	<div>5000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 07	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	<b>Transaction ID:</b> D326213
Mailing Address 14 KNIGHTSWOOD DRIVE	Date of Disbursement
City MARLTON State NJ Zip Code 08053	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period
Candidate Name John H. Adler	<div>5000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Arcuri for Congress	<b>Transaction ID:</b> D326221
Mailing Address 2617 Crestway	Date of Disbursement
City Utica State NY Zip Code 13501	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period
Candidate Name Michael A. Arcuri	<div>5000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24	Category/ Type

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

15000.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Betty Sutton for Congress	<b>Transaction ID:</b> D326219 <b>Date of Disbursement</b>																				
Mailing Address 1700 W Market Street #155	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Akron State OH Zip Code 44313	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Betty S. Sutton	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BILL KEATING COMMITTEE; THE	<b>Transaction ID:</b> D326204 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 690353	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City QUINCY State MA Zip Code 02269	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Bill Keating	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BILL OWENS FOR CONGRESS	<b>Transaction ID:</b> D326238 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1575	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	1	0												
City Plattsburgh State NY Zip Code 12901	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Bill Owens	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

15000.00

**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

**A.** Full Name (Last, First, Middle Initial)  
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Bishop

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D326205

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Bishop

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 01

Transaction ID: D326241

Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

Recount

**C.** Full Name (Last, First, Middle Initial)  
Boucher for Congress Committee

Mailing Address P.O. Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement  
Contribution

Candidate Name  
Rick Boucher

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: D326222

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) CICILLINE COMMITTEE	<b>Transaction ID:</b> D326235 <b>Date of Disbursement</b>
Mailing Address 102 Waterman St, Suite 2	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City Providence State RI Zip Code 02906	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name David Cicilline	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-elect Linda Sanchez	<b>Transaction ID:</b> D326218 <b>Date of Disbursement</b>
Mailing Address 601 S Glenoaks Boulevard Suite 211	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Linda Sanchez	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DELBENE FOR CONGRESS	<b>Transaction ID:</b> D326206 <b>Date of Disbursement</b>
Mailing Address PO Box 1406	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Bellevue State WA Zip Code 98009	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Suzan Delbene	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15000.00

**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

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(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

<b>A.</b> Full Name (Last, First, Middle Initial) DENNY HECK FOR CONGRESS	<b>Transaction ID:</b> D326207 <b>Date of Disbursement</b>
Mailing Address 2921 Cloverfield Drive SE	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Olympia State WA Zip Code 98501	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Denny Heck	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) DINA TITUS FOR CONGRESS	<b>Transaction ID:</b> D326208 <b>Date of Disbursement</b>
Mailing Address PO Box 50614	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Henderson State NV Zip Code 89016	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dan Maffei	<b>Transaction ID:</b> D326229 <b>Date of Disbursement</b>
Mailing Address PO BOX 74	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City Syracuse State NY Zip Code 13214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Daniel B. Maffei	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15000.00

**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

A.

Full Name (Last, First, Middle Initial)

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: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: NY District: 25

Recount

Transaction ID: D326243

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Recount

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN NYE

Mailing Address PO Box 68444

City  
Virginia Beach

State  
VA

Zip Code  
23471

Purpose of Disbursement  
Friends of Glenn Nye

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D326225

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Maurice Hinchey

Mailing Address PO Box 4497

City  
Kingston

State  
NY

Zip Code  
12402

Purpose of Disbursement  
Contribution

Candidate Name  
Maurice D.Hinchey

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: D326224

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**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)

PAGE 23 / 30

<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

**A.** Full Name (Last, First, Middle Initial)  
GERRY CONNOLLY FOR CONGRESS

Mailing Address PO BOX 563

City MERRIFIELD State VA Zip Code 22116

Purpose of Disbursement  
Contribution

Candidate Name  
Gerry Connolly

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: D326223

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

Candidate Name  
Gabrielle Giffords

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: D326209

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
HANABUSA 2010

Mailing Address P.O. Box 1416

City Honolulu State HI Zip Code 96806

Purpose of Disbursement  
Contribution

Candidate Name  
Colleen Hanabusa

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 01

Transaction ID: D326210

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 30

<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

A.

Full Name (Last, First, Middle Initial)

Harry Mitchell For Congress

Mailing Address P.O. Box 23748

City  
TempeState  
AZZip Code  
85285Purpose of Disbursement  
ContributionCandidate Name  
Harry MitchellCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: D326211

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA

Mailing Address PO Box 2009

City  
Sioux FallsState  
SDZip Code  
57101Purpose of Disbursement  
ContributionCandidate Name  
Stephanie Hersheth-SandlinCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D326212

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

HULBURD FOR CONGRESS

Mailing Address 4340 E INDIAN SCHOOL RD #21-467

City  
PHOENIXState  
AZZip Code  
85018Purpose of Disbursement  
Friends of Glenn NyeCandidate Name  
Jon HulburdCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 03

Transaction ID: D326226

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

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)

PAGE 25 / 30

<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

**A.** Full Name (Last, First, Middle Initial)  
 JOE GARCIA FOR CONGRESS

Mailing Address POST OFFICE BOX 0595  
 Suite 102

City State Zip Code  
 MIAMI FL 33196

Purpose of Disbursement  
 Friends of Glenn Nye

Candidate Name  
 Joe Garcia

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: D326227

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
 JOHN HALL FOR CONGRESS

Mailing Address PO Box 469

City State Zip Code  
 Beacon NY 12508

Purpose of Disbursement  
 Contribution

Candidate Name  
 John Hall

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D326214

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
 KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City State Zip Code  
 MIAMI FL 33169

Purpose of Disbursement  
 Contribution

Candidate Name  
 Kendrick Meek

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: D326216

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

4500.00

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

12000.00

**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 / 30

☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KOSMAS FOR CONGRESS</b> Mailing Address PO Box 1547	<b>Transaction ID:</b> D326217 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City State Zip Code New Smyrna Beach FL 32170 Purpose of Disbursement Contribution Candidate Name Suzanne Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 24	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JULIE LASSA FOR CONGRESS</b> Mailing Address PO Box 112 City State Zip Code Stevens Point WI 54481 Purpose of Disbursement Contribution Candidate Name Julie Lassa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 07	<b>Transaction ID:</b> D326215 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>LORI EDWARDS CAMPAIGN COMMITTEE</b> Mailing Address PO BOX 280 City State Zip Code EAGLE LAKE FL 33839 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 12	<b>Transaction ID:</b> D326228 <b>Date of Disbursement</b> <div> <div>10</div> <div>26</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>

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

**15000.00**

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 / 30

<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

**A.**Full Name (Last, First, Middle Initial)  
MCNERNEY FOR CONGRESSMailing Address 6520 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
ContributionCandidate Name  
Jerry McnerneyCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 11

Recount

Transaction ID: D326245

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Recount

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

Mailing Address 7964 W Fairview Avenue

City Boise State ID Zip Code 83704

Purpose of Disbursement  
ContributionCandidate Name  
Walt MinnickCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: D326237

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

**C.**Full Name (Last, First, Middle Initial)  
Moran for CongressMailing Address 44 Canal Center Plaza  
2nd Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
ContributionCandidate Name  
James P. Moran, Jr.Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 08

Transaction ID: D326230

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) PAULA BROOKS FOR CONGRESS	<b>Transaction ID:</b> D326239 <b>Date of Disbursement</b>
Mailing Address 222 EAST 11TH AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 1 0</div> </div>
City State Zip Code COLUMBUS OH 43201	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Paula Brooks	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RAJ GOYLE FOR CONGRESS, INC.	<b>Transaction ID:</b> D326231 <b>Date of Disbursement</b>
Mailing Address P.O. Box 780971	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div>
City State Zip Code Wichita KS 67278	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Raj Goyle	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RIGHT FOR IDAHO	<b>Transaction ID:</b> D326240 <b>Date of Disbursement</b>
Mailing Address PO BOX 306	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 9 / 2 0 1 0</div> </div>
City State Zip Code BOISE ID 83701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name	<div>Category/Type</div>
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) .....

12000.00

**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 / 30

☐ 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

A.

Full Name (Last, First, Middle Initial)

SCOTT MCADAMS FOR UNITED STATES SENATE

Mailing Address PO BOX 200569

City  
ANCHORAGE

State  
AK

Zip Code  
99520

Purpose of Disbursement  
Contribution

Candidate Name  
Scott McAdams

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: D326232

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Tim Walz For US Congress

Mailing Address PO Box 938

City  
Mankato

State  
MN

Zip Code  
56002

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Walz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D326236

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

174000.00

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

PAGE 30 / 30

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NARAL Pro-Choice America PAC			<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00079541</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee Mission Control		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>		
Mailing Address 114 A Mansfield Hollow Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">98000.00</div>		
City Mansfield Center		State CT	Zip Code 06250	
Purpose of Expenditure Printing & postage		<b>Transaction ID:</b> D320084 Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential		
Name of Federal Candidate supported or Opposed by expenditure: Pat Toomey		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010		
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">98000.00</div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">98000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">98000.00</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kimberley Robinson _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>