

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NARAL Pro-Choice America PAC

ADDRESS (number and street) ▼

1156 15th Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

DC

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Kimberly Robinson

Signature of Treasurer

Kimberly Robinson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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)

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 Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">392669.98</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">309325.85</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">72540.64</span>	<span style="border: 1px solid black; padding: 2px;">376510.29</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">381866.49</span>	<span style="border: 1px solid black; padding: 2px;">769180.27</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">221458.72</span>	<span style="border: 1px solid black; padding: 2px;">433534.72</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">160407.77</span>	<span style="border: 1px solid black; padding: 2px;">335645.55</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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)

Page 3

Write or Type Committee Name

NARAL Pro-Choice America PAC

Report Covering the Period:

From:

10

16

2014

To:

11

24

2014

**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).....

14160.00

110292.00

(ii) Unitemized .....

58380.64

266218.29

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

72540.64

376510.29

(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) ..... ►

72540.64

376510.29

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

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 Transfers (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))..... ►

72540.64

376510.29

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

72540.64

376510.29

# **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) Allocated 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 .....	105866.26	122223.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	105866.26	122223.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58284.00	59284.00
24. Independent Expenditures (use Schedule E) .....	5000.00	9350.00
25. Coordinated Party Expenditures (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 .....	220.00	220.00
(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)).....	220.00	220.00
29. Other Disbursements .....	52088.46	242457.37
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	221458.72	433534.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	221458.72	433534.72

**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) .....	72540.64	376510.29
34. Total Contribution Refunds (from Line 28(d)) .....	220.00	220.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72320.64	376290.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	105866.26	122223.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	105866.26	122223.35

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Karen Gatsis Anderson**

Mailing Address 2045 N Seminary Ave

City

Chicago

State

IL

Zip Code

60614-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

retired

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 19 / 2014

Transaction ID : VR9S0GQ1MZ4

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Julie Jensen Bryan**

Mailing Address 330 Quarry Ln  
# 152

City

Haverford

State

PA

Zip Code

19041-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

photographer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 16 / 2014

Transaction ID : VR9S0GJHP75

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. L Byrne**

Mailing Address 160 Elm St  
Apt 3

City

Bradford

State

PA

Zip Code

16701-2170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 31 / 2014

Transaction ID : VR9S0GP4BW3

Amount of Each Receipt this Period

100.00

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

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

3475.00

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Sherry Caloia**

Mailing Address PO Box 443

City

Glenwood Spgs

State

CO

Zip Code

81602-0443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ninth Judicial District

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

10 / 16 / 2014

Transaction ID : VR9S0GJGSS5

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Sherry Caloia**

Mailing Address PO Box 443

City

Glenwood Spgs

State

CO

Zip Code

81602-0443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ninth Judicial District

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2014

Transaction ID : VR9S0GP4BK2

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Joanne Crantz**

Mailing Address 15 Bridle Ct

City

Potomac

State

MD

Zip Code

20854-3887

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2014

Transaction ID : VR9S0GP4CC8

Amount of Each Receipt this Period

300.00

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

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

600.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 32  
(check only one)

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

## **A. Pamela Dernham**

Mailing Address 117 Maiden Ln

City State Zip Code  
Oakland CA 94602-3556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Berkeley

Occupation

Researcher

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : VR9S0GJMEJ9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Linda A. Fairstein**

Mailing Address 211 E 70th St  
Apt 25A

City State Zip Code  
New York NY 10021-5209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2014

Transaction ID : VR9S0GQ0TY1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Gladys Fenichel M.D.**

Mailing Address 210 Kent Rd

City State Zip Code  
Ardmore PA 19003-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : VR9S0GJM838

Amount of Each Receipt this Period

540.00

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

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

1040.00

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Peter R Forman**

Mailing Address 2246 34th St

City

Los Alamos

State

NM

Zip Code

87544-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : VR9S0GJK049**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Carol Mcmurtry Fowler**

Mailing Address 10 Woodstone Sq

City

Austin

State

TX

Zip Code

78703-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : VR9S0GP4CQ4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Stephen G. G. Goodell D.D.S.**

Mailing Address 405 E Washington St

City

Saint Louis

State

MI

Zip Code

48880-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : VR9S0GJMKA6**

Amount of Each Receipt this Period

100.00

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen G. G. Goodell D.D.S.**

Mailing Address 405 E Washington St

City

Saint Louis

State

MI

Zip Code

48880-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 17 / 2014

Transaction ID : VR9S0GQ1244

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Meg Gresham**

Mailing Address 235 State St  
Apt 215

City

Springfield

State

MA

Zip Code

01103-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MassMutual Financial Group

Occupation

actuary

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 07 / 2014

Transaction ID : VR9S0GPYMH3

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Virginia Hardy**

Mailing Address 411 Ela St

City

Barrington

State

IL

Zip Code

60010-3323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2014

Transaction ID : VR9S0GP4C13

Amount of Each Receipt this Period

300.00

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Constance M. Hoguet**

Mailing Address 333 E 68th St

City  
New York

State Zip Code  
NY 10065-5604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2014

**Transaction ID : VR9S0GPYM58**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lorraine A. Jensen**

Mailing Address PO Box 1294

City  
Noblesville

State Zip Code  
IN 46061-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 14 / 2014

**Transaction ID : VR9S0GQ0T79**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Nancy Kalishman**

Mailing Address 11445 Conway Rd

City  
Saint Louis

State Zip Code  
MO 63131-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/a

Housewife

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

**Transaction ID : VR9S0GJME07**

Amount of Each Receipt this Period

500.00

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

800.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 32

☒ 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. Dan Kesler**

Mailing Address 6317 SW Orchid Dr

City

Portland

State

OR

Zip Code

97219-4984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : VR9S0GJGT68**

Amount of Each Receipt this Period

245.00

Full Name (Last, First, Middle Initial)

**B. Natalie Kittredge**

Mailing Address 340 Hamlet Hills Dr

City

Chagrin Falls

State

OH

Zip Code

44022-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed

Occupation

Unemployed

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : VR9S0GJHT74**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Jeanne K. Krieger**

Mailing Address 44 Webster Rd

City

Lexington

State

MA

Zip Code

02421-8235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : VR9S0GJGR15**

Amount of Each Receipt this Period

500.00

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

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

765.00

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 13 OF 32

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

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Linda Kushner**

Mailing Address 560 Lloyd Ave

City

Providence

State

RI

Zip Code

02906-5427

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

**Transaction ID : VR9S0GP4CH7**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Susan Landon**

Mailing Address 4635 84th Ave SE

City

Mercer Island

State

WA

Zip Code

98040-4320

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Artist

Occupation

Self Employed

Receipt For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : VR9S0GJHV18**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Martha Londagin**

Mailing Address 1505 W 9th St

City

Grove

State

OK

Zip Code

74344-2872

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : VR9S0GJYS17**

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 14 OF 32  
(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. Jill V. McGill**

Mailing Address 5523 Masonic Ave

City State Zip Code  
Oakland CA 94618-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Bay Perinatal Medical Associates

Occupation  
physician

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : VR9S0GP4XR0**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lois Myeroff**

Mailing Address 9800 Breckenridge Dr

City State Zip Code  
Chardon OH 44024-9676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : VR9S0GP4CM1**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Linda Nochlin**

Mailing Address 875 W End Ave

City State Zip Code  
New York NY 10025-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : VR9S0GJHV67**

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 32

☒ 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. Thomas Oliver**

Mailing Address 35 Watergate Dr  
Ste 603

City State Zip Code  
Sarasota FL 34236-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2014

**Transaction ID : VR9S0GQ3JV4**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Pauli A Overdorff**

Mailing Address 425 E 58th St  
Apt 24D

City State Zip Code  
New York NY 10022-2379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Acquest International

Occupation

Managing Director

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

**Transaction ID : VR9S0GJK000**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. William L. Parker**

Mailing Address 216 Hale St

City State Zip Code  
Pennington NJ 08534-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : VR9S0GJMFD1**

Amount of Each Receipt this Period

280.00

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

1730.00

**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:  
(check only one)

PAGE 16 OF 32

☒ 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. Penny L. Place**

Mailing Address 5701 S Colorado Blvd

City

Greenwood Village

State

CO

Zip Code

80121-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2014

Transaction ID : VR9S0GJMK57

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kim Ross**

Mailing Address 522 9th St SE

City

Washington

State

DC

Zip Code

20003-2838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Writer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 24 / 2014

Transaction ID : VR9S0GJMEC2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Frederick Rudolph**

Mailing Address 234 Ide Rd

City

Williamstown

State

MA

Zip Code

01267-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

At Home

Occupation

none

Receipt For: 2015

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 14 / 2014

Transaction ID : VR9S0GQ0V56

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Vivian Scharlach**

Mailing Address 117 Parkside Dr

City

Berkeley

State

CA

Zip Code

94705-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : VR9S0GJM3Q4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gary Stansbery**

Mailing Address 2 Warson Ln

City

Saint Louis

State

MO

Zip Code

63124-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monsanto Company

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : VR9S0GJHT82**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Patricia Tomlinson**

Mailing Address 3012 Hillside Dr

City

Burlingame

State

CA

Zip Code

94010-5910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Human Resources

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : VR9S0GJMF5**

Amount of Each Receipt this Period

450.00

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

☒ 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. Melanie Woloz**

Mailing Address 1119 Chantilly Rd

City

Los Angeles

State

CA

Zip Code

90077-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Woloz and Associates

Occupation

Financial Planner

Receipt For: 2015

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : VR9S0GQ1VK5**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

250.00

14160.00

**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 19 OF 32

<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. Chapman Cubine Adams + Hussey**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Mailing Address 1600 Wilson Blvd  
Ste 300

City Arlington State VA Zip Code 22209-2505

Purpose of Disbursement  
Printing, postage, mailhouse for PAC

Candidate Name

Category/  
Type**Transaction ID : VR8SR9HBCR3**

Amount of Each Disbursement this Period

4475.90

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address PO Box 6604

City Hagerstown State MD Zip Code 21741-6604

Purpose of Disbursement  
Credit card processing fee for PAC

Candidate Name

Category/  
Type**Transaction ID : VR8SR9HBFJ2**

Amount of Each Disbursement this Period

1024.56

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Global Payment Solutions**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2014

Mailing Address 10 Glenlake Parkway NE North Tower

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Credit card processing fee for PAC

Candidate Name

Category/  
Type**Transaction ID : VR8SR9HB7Q5**

Amount of Each Disbursement this Period

953.73

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

6454.19
---------



**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 21 OF 32

<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. NARAL Pro-Choice America**

Mailing Address 1156 15th St NW

City  
WashingtonState  
DCZip Code  
20005-1704Purpose of Disbursement  
Reimbursement for media time buy

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : VR8SR9HBF85**

Amount of Each Disbursement this Period

5992.96
---------

Not express advocacy

Full Name (Last, First, Middle Initial)

**B. Payment Solutions, Inc.**

Mailing Address PO Box 30217

City  
BethesdaState  
MDZip Code  
20824-0217Purpose of Disbursement  
Credit card processing fee for PAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : VR8SR9HBD22**

Amount of Each Disbursement this Period

705.80
--------

Full Name (Last, First, Middle Initial)

**C. Public Interest Communications**

Mailing Address 7700 Leesburg Pike

City  
Falls ChurchState  
VAZip Code  
22043-2615Purpose of Disbursement  
Printing for PAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : VR8SR9HBD30**

Amount of Each Disbursement this Period

17194.50
----------

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

23893.26
----------

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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

NARAL Pro-Choice America PAC

### A. SD&A Teleservices

City	State	Zip Code
Los Angeles	CA	90045-6401

Transaction ID : VR8SR9HBD48

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

5801.50

Full Name (Last, First, Middle Initial)

### B. TC Mailing

Date of Disbursement

Mailing Address 809 Keith Ln

City	State	Zip Code
Owings	MD	20736-3110

Transaction ID : VR8SR9HBCV6

Purpose of Disbursement	Amount
Mailhouse fees for PAC	100.00

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

310.00

Full Name (Last, First, Middle Initial)

**C. The New Media Firm, Inc.**

Date of Disbursement

MM / DD / YYYY

Mailing Address 1730 Rhode Island Ave NW  
Ste 213

City	State	Zip Code
Washington	DC	20036-3118

Transaction ID : VR8SR9HBCY0

Purpose of Disbursement	Web services for PAC
-------------------------	----------------------


Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

5992.96

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

12104.46

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

105531.19

**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 23 OF 32

<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. Aimee Belgard For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address PO Box 35

City	State	Zip Code
Willingboro	NJ	08046-0035

**Transaction ID : VR8SR9HBCB2**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Aimee Belgard**Category/  
Type

2000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Alaskans For Begich**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address PO Box 240287

City	State	Zip Code
Anchorage	AK	99524-0287

**Transaction ID : VR8SR9HBCC8**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Mark Begich**Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AK	District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Alison For Kentucky**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address 340 Democrat Dr

City	State	Zip Code
Frankfort	KY	40601-8209

**Transaction ID : VR8SR9HBCD6**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Alison Grimes**Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

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

12000.00
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**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 OF 32

<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. APPEL FOR IOWA, INC.**

Mailing Address PO Box 702

City

Des Moines

State

IA

Zip Code

50303-0702

Purpose of Disbursement  
Contribution

Candidate Name

**STACI APPEL**

Office Sought:



House



Senate



President

State: IA

District: 03

Disbursement For: 2014



Primary



General



Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

**Transaction ID : VR8SR9HBC63**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Braley For Senate**

Mailing Address PO Box 856

City

Des Moines

State

IA

Zip Code

50304-0856

Purpose of Disbursement  
Contribution

Candidate Name

**Bruce L Braley**

Office Sought:



House



Senate



President

State: IA

District: 00

Disbursement For: 2014



Primary



General



Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : VR8SR9HBC96**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Cain For Congress**

Mailing Address PO Box 1523

City

Bangor

State

ME

Zip Code

04402-1523

Purpose of Disbursement  
Contribution

Candidate Name

**Emily Cain**

Office Sought:



House



Senate



President

State: ME

District: 02

Disbursement For: 2014



Primary



General



Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : VR8SR9HBCE4**

Amount of Each Disbursement this Period

2000.00
---------

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

9000.00
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**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 25 OF 32

<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 Jeanne Shaheen**

Mailing Address 105 N State St

City	State	Zip Code
Concord	NH	03301-4334

Purpose of Disbursement  
Contribution

Candidate Name

**JEANNE SHAHEEN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NH District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : VR8SR9HBCH7**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Hagan For US Senate**

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429-9103

Purpose of Disbursement  
Contribution

Candidate Name

**Kay R Hagan**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : VR8SR9HBCJ5**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. IOWA DEMOCRATIC PARTY**

Mailing Address 5661 Fleur Dr

City	State	Zip Code
Des Moines	IA	50321-2841

Purpose of Disbursement  
In-kind: Travel & staff payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : VR8SR9HBF2**

Amount of Each Disbursement this Period

4020.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13020.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

NARAL Pro-Choice America PAC

## A. JOHN FOUST FOR CONGRESS

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '10' with two squares above it. The second display shows '27' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : VR8SR9HBCK3

Amount of Each Disbursement this Period

Category/  
Type

JOHN FOUST

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: VA District: 10

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

Date of Disbursement

M M / D D / Y Y Y Y  
10 27 2014

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130-0549

Transaction ID : VR8SR9HBCM1

Purpose of Disbursement	Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Ann Kirkpatrick

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: AZ District: 01

Full Name (Last, First, Middle Initial)  
C. PAT MURPHY FOR IOWA

Date of Disbursement

Mailing Address PO Box 692

City	State	Zip Code
Dubuque	IA	52004-0692

Transaction ID : VR8SR9HBFF0

Purpose of Disbursement
In-kind: Travel & staff payroll

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State:  District:

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

7264.00

**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 OF 32

<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. Peters For Michigan**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address PO Box 226

City	State	Zip Code
Bloomfield Hills	MI	48303-0226

**Transaction ID : VR8SR9HBCP7**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Gary Peters**Category/  
Type

5000.00
---------

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 00

Full Name (Last, First, Middle Initial)

**B. Ron Barber for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732-7715

**Transaction ID : VR8SR9HBCQ5**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Ronald Barber**Category/  
Type

2000.00
---------

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 02

Full Name (Last, First, Middle Initial)

**C. Ron Barber for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Mailing Address PO Box 57715

City	State	Zip Code
Tucson	AZ	85732-7715

**Transaction ID : VR8SR9HBCZ8**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**Ronald Barber**Category/  
Type

5000.00
---------

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: AZ District: 02

Recount

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

12000.00
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**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 28 OF 32

<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. Udall For Colorado**

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204-0158

Purpose of Disbursement  
Contribution

Candidate Name

**Mark E. Udall**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : VR8SR9HBC55**

Amount of Each Disbursement this Period

5000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

5000.00
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58284.00
----------

**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 29 OF 32

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Analyst Institute**Mailing Address 815 16th St NW  
FI 7

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement  
Non-federal expenditure

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : VR8SR9HBD06**

Amount of Each Disbursement this Period

21000.00
----------

Full Name (Last, First, Middle Initial)

**B. Carter for Governor**

Mailing Address 1350 Spring St NW

City Atlanta State GA Zip Code 30309-2864

Purpose of Disbursement  
Non-federal contribution

Candidate Name

**Carter for Governor**Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : VR8SR9HBCF2**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends for Flores**Mailing Address 420 N Nellis Blvd  
Ste A3-87

City Las Vegas State NV Zip Code 89110-5364

Purpose of Disbursement  
Non-federal contribution

Candidate Name

**Friends for Flores**Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : VR8SR9HBCG0**

Amount of Each Disbursement this Period

2500.00
---------

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

26000.00
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**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 30 OF 32

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Schauer for Governor**

Mailing Address PO Box 100

City  
Battle CreekState  
MIZip Code  
49016-0100Purpose of Disbursement  
Non-federal contribution

Candidate Name

**Mark Schauer for Governor**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : VR8SR9HBCN9**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. NARAL Pro-Choice America**

Mailing Address 1156 15th St NW

City  
WashingtonState  
DCZip Code  
20005-1704Purpose of Disbursement  
Non-federal expenditure

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : VR8SR9HBFG6**

Amount of Each Disbursement this Period

230.51
--------

Full Name (Last, First, Middle Initial)

**C. NARAL Pro-Choice New Hampshire**

Mailing Address 18 Low Ave

City  
ConcordState  
NHZip Code  
03301-4902Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

**Transaction ID : VR8SR9HBC88**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5230.51
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**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 31 OF 32

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

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NAME OF COMMITTEE (In Full)

**NARAL Pro-Choice America PAC**

Full Name (Last, First, Middle Initial)

**A. The New Media Firm, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Mailing Address 1730 Rhode Island Ave NW  
Ste 213

City Washington State DC Zip Code 20036-3118

Purpose of Disbursement  
Non-federal disbursement

Candidate Name

Category/  
Type**Transaction ID : VR8SR9HBF8**

Amount of Each Disbursement this Period

6417.82

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. The New Media Firm, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

Mailing Address 1730 Rhode Island Ave NW  
Ste 213

City Washington State DC Zip Code 20036-3118

Purpose of Disbursement  
Non-federal disbursement

Candidate Name

Category/  
Type**Transaction ID : VR8SR9HBFC6**

Amount of Each Disbursement this Period

11940.13

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Wendy R. Davis for Governor**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Mailing Address PO Box 1039

City Fort Worth State TX Zip Code 76101-1039

Purpose of Disbursement  
Non-federal contribution

Candidate Name

**Wendy R. Davis for Governor**Category/  
Type**Transaction ID : VR8SR9HBCA4**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

20857.95

52088.46

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

 PAGE 32 OF 32  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NARAL Pro-Choice America PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00079541	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	
Full Name of Payee <b>Denver Newspaper Agency</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>	
Mailing Address <b>101 W Colfax Ave</b>		Amount <b>5000.00</b>	
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80202-5315</b>	Transaction ID : <b>VR8SR9HBF77</b>
Purpose of Expenditure Print ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2014</b>
Name of Federal Candidate <b>Cory Gardner</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>9350.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>5000.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶		<b>5000.00</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Kimberly Robinson</i>		Date <b>12 / 04 / 2014</b> <i>[Electronically Filed]</i>	