

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 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C C00079541 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

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

Signature of Treasurer Robinson, Kimberley, , , [Electronically Filed] Date 06 / 20 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**NARAL Pro-Choice America PAC**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2018"/>  |                         | 204064.67                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 167341.40               |                                   |
| (c) Total Receipts (from Line 19) .....  | 9240.99                 | 119135.97                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 176582.39               | 323200.64                         |
| 7. Total Disbursements (from Line 31).....   | 22170.95                | 168789.20                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 154411.44               | 154411.44                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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. 05/2016)

Write or Type Committee Name

**NARAL Pro-Choice America PAC**

Report Covering the Period: From:  /  /  To:  /  /

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 7300.00                               | 101576.43                                 |
| (ii) Unitemized .....   | 1940.99                               | 17491.56                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 9240.99                               | 119067.99                                 |
| (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) .....  | 9240.99                               | 119067.99                                 |
| 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                                  | 67.98                                     |
| 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)).....▶                         | 9240.99                               | 119135.97                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 9240.99                               | 119135.97                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 2670.95                       | 13229.44                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 2670.95                       | 13229.44                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 18500.00                      | 152351.43                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 1000.00                       | 1008.33                           |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 1000.00                       | 1008.33                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 2200.00                           |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 22170.95                      | 168789.20                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22170.95                      | 168789.20                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 9240.99                               | 119067.99                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 1000.00                               | 1008.33                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 8240.99                               | 118059.66                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 2670.95                               | 13229.44                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 2670.95                               | 13229.44                                  |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 6 OF 16  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Glimcher, Mildred, L., ,</b>           |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 31 / 2018 |
| Mailing Address 435 E 52Nd St<br>24 C   |  | <b>Transaction ID : VR9S0HRWW76</b>                 |
| City<br>New York  | State<br>NY                                  | Zip Code<br>10022-6445                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer (for Individual)<br>Pace Wildenstein   | Occupation (for Individual)<br>Art Historian | <input type="checkbox"/> Memo Item                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |

|   |   |   |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Goldman, Rachel, B., ,</b>             |   | Date of Receipt<br>MM / DD / YYYY<br>05 / 31 / 2018 |
| Mailing Address 28 Beach Rd   |   | <b>Transaction ID : VR9S0HRWVQ0</b>                 |
| City<br>Ossining  | State<br>NY                             | Zip Code<br>10562-3201                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer (for Individual)<br>Bracewell, LLP   | Occupation (for Individual)<br>Attorney | <input type="checkbox"/> Memo Item                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00      |   |

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Hyatt, Susan, M., ,</b>                              |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 31 / 2018 |
| Mailing Address 42 Tuscaloosa Ave   |  | <b>Transaction ID : VR9S0HRTHS9</b>                 |
| City<br>Atherton  | State<br>CA  | Zip Code<br>94027-4015                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>5000.00       |
| Name of Employer (for Individual)<br>Self-Employed  | Occupation (for Individual)<br>Community Volunteer | <input type="checkbox"/> Memo Item                  |
| Receipt For: 2018<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>5000.00                |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Northrup, Christiane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Portland St  
 City Yarmouth State ME Zip Code 04096-6768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Illuminate, Inc. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **05 / 31 / 2018**  
**Transaction ID : VR9S0HRWWG5**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Shank, J., R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Pennsylvania Ave  
 City Los Gatos State CA Zip Code 95030-5831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 30 / 2018**  
**Transaction ID : VR9S0HRVVS7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Spurgin, Diana, Rogers, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 Tanglewood Rd  
 City Amherst State MA Zip Code 01002-3407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) None  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **05 / 31 / 2018**  
**Transaction ID : VR9S0HRWW42**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

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

FOR LINE NUMBER: PAGE 8 OF 16  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
 Troner, Michael, B., ,

Mailing Address 14225 SW 79Th Ct

City Palmetto Bay      State FL      Zip Code 33158-1522

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

Name of Employer (for Individual) N/A      Occupation (for Individual) None

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2018

**Transaction ID : VR9S0HRVVY6**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

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

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 250.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 7300.00 |



**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)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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. B B & T Bank**

Mailing Address 1099 New York Ave NW  
Ste 100

City Washington State DC Zip Code 20001-4452

Purpose of Disbursement  
Bank fee

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2018

FEC Identification Number

C  
**Transaction ID : VR8SR9HCEI**  
Amount of Each Disbursement this Period  
466.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. Doyle Printing & Offset Company, Inc.**

Mailing Address 6911 Old Landover Rd

City Landover State MD Zip Code 20785-1503

Purpose 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 / D D / Y Y Y Y Y Y  
05 / 02 / 2018

FEC Identification Number

C  
**Transaction ID : VR8SR9HCDI**  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data Merchant Services**

Mailing Address PO Box 6604

City Hagerstown State MD Zip Code 21741-6604

Purpose of Disbursement  
Credit card processing fees

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2018

FEC Identification Number

C  
**Transaction ID : VR8SR9HCE**  
Amount of Each Disbursement this Period  
72.86

Memo Item

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

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

2039.78

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)<br><b>A. Merkle Response Services, Inc.</b>                                       |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 02 / 2018  |                                 |
| Mailing Address PO Box 21656  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : VR8SR9HCDI</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 304.18 |                                 |
| City<br>New York  | State<br>NY  | Zip Code<br>10087-0001  | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>Cashiering service for PAC   |  | Candidate Name  |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                 |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |   |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Merkle Response Services, Inc.</b>                                       |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 23 / 2018   |                                 |
| Mailing Address PO Box 21656  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : VR8SR9HCEE</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 26.99 |                                 |
| City<br>New York  | State<br>NY  | Zip Code<br>10087-0001   | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>Cashiering service for PAC   |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |                                 |

|   |  |  |                                 |
|---|--|--|---------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. NGP EveryAction</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 08 / 2018   |                                 |
| Mailing Address 1445 New York Ave NW<br>FI 2  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : VR8SR9HCE</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 300.00 |                                 |
| City<br>Washington  | State<br>DC  | Zip Code<br>20005-2134   | Category/<br>Type<br>[REDACTED] |
| Purpose of Disbursement<br>Software   |  | Candidate Name   |                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                 |
| State:<br>District:   | <input type="checkbox"/> Memo Item   |  |                                 |

|  |                    |
|--|--------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 631.17  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED] 2670.95 |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. AMI BERA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement Contribution

Candidate Name  
**BERA, AMERISH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C C00461061

Transaction ID : VR8SR9HCD  
Amount of Each Disbursement this Period

1000.00

Memo Item

**B. CHARLIE CRIST FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1547

City Saint Petersburg State FL Zip Code 33731-1547

Purpose of Disbursement Contribution

Candidate Name  
**CRIST, CHARLIE JOSEPH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C C00590067

Transaction ID : VR8SR9HCD  
Amount of Each Disbursement this Period

1000.00

Memo Item

**C. DR. RAUL RUIZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261-3433

Purpose of Disbursement Contribution

Candidate Name  
**RUIZ, RAUL DR, , Dr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

C C00502575

Transaction ID : VR8SR9HCD  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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)<br><b>A. FRIENDS OF SHERROD BROWN</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 04 / 2018   |
| Mailing Address PO Box 15293  |  | FEC Identification Number<br>C00264697<br><b>Transaction ID : VR8SR9HCE'</b><br>Amount of Each Disbursement this Period<br>5000.00 |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003-0293   |
| Purpose of Disbursement<br>Contribution   |  | Category/<br>Type  |
| Candidate Name<br><b>BROWN, SHERROD, , ,</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: OH   | District: 00   |  |
| <input type="checkbox"/> Memo Item  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JASON CROW FOR CONGRESS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 04 / 2018   |
| Mailing Address PO Box 32145   |  | FEC Identification Number<br>C00637363<br><b>Transaction ID : VR8SR9HCD\</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>Aurora   | State<br>CO  | Zip Code<br>80041-2145   |
| Purpose of Disbursement<br>Contribution  |  | Category/<br>Type  |
| Candidate Name<br><b>CROW, JASON, , ,</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: CO  | District: 06   |  |
| <input type="checkbox"/> Memo Item   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOSH GOTTHEIMER FOR CONGRESS</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 04 / 2018  |
| Mailing Address PO Box 584   |  | FEC Identification Number<br>C00573949<br><b>Transaction ID : VR8SR9HCD</b><br>Amount of Each Disbursement this Period<br>1000.00 |
| City<br>Ridgewood  | State<br>NJ  | Zip Code<br>07451-0584  |
| Purpose of Disbursement<br>Contribution  |  | Category/<br>Type   |
| Candidate Name<br><b>GOTTHEIMER, JOSH, , ,</b>   |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2018<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NJ  | District: 05   |   |
| <input type="checkbox"/> Memo Item   |  |   |

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

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

|         |
|---------|
| 7000.00 |
|         |

**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)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. JULIA BROWNLEY FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 04    |   | 2018      |

Mailing Address PO Box 2018

FEC Identification Number

**C** C00513077

**Transaction ID : VR8SR9HCD1**  
Amount of Each Disbursement this Period

1000.00

Memo Item

City Thousand Oaks State CA Zip Code 91358-2018

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**BROWNLEY, JULIA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 26

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

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 04    |   | 2018      |

Mailing Address PO Box 3013

FEC Identification Number

**C** C00414318

**Transaction ID : VR8SR9HCD1**  
Amount of Each Disbursement this Period

1000.00

Memo Item

City Iowa City State IA Zip Code 52244-3013

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**LOEBSACK, DAVID WAYNE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IA District: 02

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

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 18    |   | 2018      |

Mailing Address PO Box 27195

FEC Identification Number

**C** C00606939

**Transaction ID : VR8SR9HCE**  
Amount of Each Disbursement this Period

2500.00

Memo Item

City Las Vegas State NV Zip Code 89126-1195

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**ROSEN, JACKY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NV District: 00

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

4500.00

**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)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. SALUD CARBAJAL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102-1290

Purpose of Disbursement Contribution

Candidate Name  
**CARBAJAL, SALUD, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

**C** C00576041  
**Transaction ID : VR8SR9HCDI**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**B. SCHNEIDER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015-6005

Purpose of Disbursement Contribution

Candidate Name  
**SCHNEIDER, BRADLEY SCOTT, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

**C** C00495952  
**Transaction ID : VR8SR9HCDI**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**C. SEAN PATRICK MALONEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12551-0270

Purpose of Disbursement Contribution

Candidate Name  
**MALONEY, SEAN PATRICK, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2018

FEC Identification Number

**C** C00512426  
**Transaction ID : VR8SR9HCE**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

3000.00

**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)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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. TOM O'HALLERAN FOR CONGRESS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 04    |   | 2018        |

Mailing Address PO Box 63992

FEC Identification Number

**C** C00582890

**Transaction ID : VR8SR9HCE**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Phoenix State AZ Zip Code 85082-3992

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name  
**O'HALLERAN, TOM, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: AZ District: 01

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

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

1000.00

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

18500.00

# 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)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Kirk, Clay, Kenan, ,</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>05 / 25 / 2018</b> |
| Mailing Address<br>320 E 72Nd St<br>5C  |  | FEC Identification Number<br><b>C</b>                           |
| City<br>New York  | State<br>NY  | Zip Code<br>10021-4769  |
| Purpose of Disbursement<br>Refund   |  | Transaction ID : <b>VR8SR9HCE!</b>                              |
| Candidate Name  |  | Amount of Each Disbursement this Period<br><b>1000.00</b>       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                              |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | FEC Identification Number<br><b>C</b>   |
| City  | State  | Zip Code                                |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period |
| Candidate Name  |  | <input type="checkbox"/> Memo Item      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | FEC Identification Number<br><b>C</b>   |
| City  | State  | Zip Code                                |
| Purpose of Disbursement   |  | Amount of Each Disbursement this Period |
| Candidate Name  |  | <input type="checkbox"/> Memo Item      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>1000.00</b> |