

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 New York State NARAL Inc. Women's Health PAC

ADDRESS (number and street) 462 Broadway, Suite 540  
 Check if different than previously reported. (ACC) New York NY 10013

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00337451

3. IS THIS REPORT  NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE)  
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Election on Convention (12C) Special (12S)  
 in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Election on in the State of  
 Termination Report (TER) in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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 Barbara Klar

Signature of Treasurer Electronically Filed by Barbara Klar Date 07 26 2001

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Write or Type Committee Name  
New York State NARAL Inc. Women's Health PAC

Report Covering the Period: From: <sup>K</sup>01 <sup>D</sup>01 <sup>Y</sup>2001 To: <sup>K</sup>06 <sup>D</sup>30 <sup>Y</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2001		6679.61
(b) Cash on Hand at Beginning of Reporting Period .....	6679.61	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	6679.61	6679.61
7. Total Disbursements (from Line 30) .....	2500.00	2500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4179.61	4179.61
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

Toll Free 800-426-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Write or Type Committee Name

New York State NARAL Inc. Women's Health PAC

Report Covering the Period:

From: 01 01 2001

To: 06 30 2001

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) .....	0.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	0.00	0.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	0.00	0.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E).....	1500.00	1500.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	2500.00	2500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	2500.00	2500.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	0.00	0.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	0.00	0.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

**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)

PAGE 5 / 6

<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				

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)  
New York State NARAL Inc. Women's Health PAC

Full Name (Last, First, Middle Initial) <b>A. Friends of Carolyn McCarthy</b>		Date of Disbursement 05 / 07 / 2001
Mailing Address 18 East 16th St. Suite 401 City State Zip Code New York NY 10003		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.4110
Candidate Name Friends of Carolyn McCarthy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nadler for Congress</b>		Date of Disbursement 06 / 22 / 2001
Mailing Address 18 E. 16th St. #401 City State Zip Code New York NY 10003		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		Transaction ID: SB23.4111
Candidate Name Nadler for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

**C.**

<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>

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

NAME OF COMMITTEE (In Full) New York State NARAL Inc. Women's Health PAC	FEC IDENTIFICATION NUMBER C00337451
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Full Name (Last, First, Middle, Initial) of Payee Rainbow Sound <hr/> Mailing Address 57 Florida Street <hr/> <table style="width:100%"> <tr> <td style="width:35%">City</td> <td style="width:15%">State</td> <td style="width:50%">Zip Code</td> </tr> <tr> <td>Farmingdale</td> <td>NY</td> <td>11735</td> </tr> </table> <hr/> <table style="width:100%"> <tr> <td style="width:35%">Date</td> <td style="width:25%">Amount</td> <td style="width:40%"></td> </tr> <tr> <td>02 26 2001</td> <td>1500.00</td> <td></td> </tr> </table> <p style="text-align:right">Transaction ID: SE24.4112</p>	City	State	Zip Code	Farmingdale	NY	11735	Date	Amount		02 26 2001	1500.00		Purpose of Expenditure  Name of Federal Candidate supported or opposed by expenditure:  Office Sought:    House Senate Presidential State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
City	State	Zip Code											
Farmingdale	NY	11735											
Date	Amount												
02 26 2001	1500.00												

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>1500.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<b>0.00</b>
<b>(c) TOTAL Independent Expenditures</b> .....	<b>1500.00</b>

Under penalty of perjury, I declare that the independent expenditures described herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate, party, political committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not constitute the financing of dissemination, distribution or publication of material in pursuance of any communication prepared by the candidate, his campaign committee or their agent.

Subscribed and sworn to before me this _____ day of _____  My Commission expires: _____	W W D D Y Y Y Y W W D D Y Y Y Y NOTARY PUBLIC
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Signature _____ Date _____	
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