

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF CANDIDATE OR ENTITY
C00079541 062895 p 2
EVAN J GOLDMAN
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC
1156 15TH ST NW 7TH FLOOR
5TH FLOOR
WASHINGTON DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 20 10 05 AM '97

2. FEC IDENTIFICATION NUMBER
C00079541
3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Tenth day report preceding _____ (Type of Election)
election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1-1-97 through 1-31-97		
6. (a) Cash on Hand January 1, 1997			\$ 108,823.22
(b) Cash on Hand at Beginning of Reporting Period		\$ 108,823.22	
(c) Total Receipts (from Line 19)		\$ 1,013.08	\$ 1,013.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 109,836.30	\$ 109,836.30
7. Total Disbursements (from Line 30)		\$ 9,813.70	\$ 9,813.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 100,022.60	\$ 100,022.60
9. Debts and Obligations Owed TO the Candidate (itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Candidate (itemize all on Schedule C and/or Schedule D)		\$	

I certify that I have examined this Report and it is true, correct and complete.

Type or Print Name of Treasurer: EVAN J. GOLDMAN
Signature of Treasurer: *Evans J. Goldman*
Date: 2-19-97

For further information contact:
Federal Election Commission
699 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

REPORT COVERING PERIOD

FROM **1-1-97** TO **1-31-97**

		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		—	—
ii. Unitemized		825.33	825.33
iii. Total (add i and ii) >		825.33	825.33
b. Political Party Committees		—	—
c. Other Political Committees (such as PACs)		—	—
d. Total Contributions (add a ii, b and c) >		825.33	825.33
12. Transfers From Affiliated/Other Party Committees		—	—
13. All Loans Received		—	—
14. Loan Repayments Received		—	—
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		—	—
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		—	—
17. Other Federal Receipts (Dividends, Interest, etc.)		187.75	—
18. Transfers from Nonfederal Account for Joint Activity		—	—
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		1,013.08	1,013.08
20. Total Federal Receipts (subtract line 18 from line 19) >		1,013.08	1,013.08
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		—	—
ii. Non-Federal Share		—	—
b. Other Federal Operating Expenditures		67.46	67.46
c. Total Operating Expenditures (add a i, a ii, and b) >		67.46	67.46
22. Transfers to Affiliated/Other Party Committees		—	—
23. Contributions to Federal Candidates/Committees and Other Political Committees		7,702.24	7,702.24
24. Independent Expenditures (use Schedule E)		—	—
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		—	—
26. Loan Repayments Made		—	—
27. Loans Made		—	—
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		—	—
b. Political Party Committees		—	—
c. Other Political Committees (such as PACs)		—	—
d. Total Contribution Refunds (add a, b and c) >		—	—
29. Other Disbursements		2,044.00	2,044.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		9,813.70	9,813.70
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		9,813.70	9,813.70
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >			

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)
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRST UNION 1425 K ST., NW WASHINGTON, DC 20005	INTEREST INCOME	1-31-97	187.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	187.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE INC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRST UNION 1425 K ST. NW WASHINGTON, DC 20005	BANK FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-31-97	51.09
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOY BANK 175 FEDERAL ST. BOSTON, MA 02110	BANK FEES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-31-97	16.37
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

67.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE SAWYER COMM 1049 S. CHARLES ST, #2 BALTIMORE, MD 21230	DEBT RET. FOR TOM SAWYER 6/1/14 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-13-97	500.00
SHERMAN FOR CONGRESS 1400B VENTURA BLVD. SHERMAN OAKS, CA 91403	DEBT RET. FOR BRAD SHERMAN CALIF Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-13-97	1,000.00
WYDEN FOR SENATE P.O. BOX 3498 PORTLAND, OR 97208	DEBT RET. FOR RON WYDEN OR/SEN. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-13-97	1,500.00
WATERMARK PRESS 1638 NE DAVIS PORTLAND, OR 97232	10-KIND PRINTING FOR DARLENE HOOLEY DR/OS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-3-97	285.00
DELAHUNT FOR CONGRESS 500 VICTORY RD. QUINCY, MA 02171	DEBT RET. FOR BILL DELAHUNT MA/ID Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-24-97	1,000.00
McKINNEY FOR CONGRESS 430 M ST., SW WASHINGTON, DC 20024	DEBT RET. FOR CYNTHIA McKINNEY GA/ID Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-21-97	500.00
MASS. NARAL 20 PARK PLAZA BOSTON, MA 02116	10-KIND PRINTING FOR TIM McGOVERN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-21-97	24.00
Jon Naraja Design 235 Montgomery St. San Francisco, CA 94104	10-KIND DESIGN FOR ELLEN TAUSCHER CALIF Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-21-97	232.43
Direct Mail Center 1099 Mariposa St. San Francisco, CA 94107	10-KIND PRINTING FOR ELLEN TAUSCHER, CALIF Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-21-97	520.64

SUBTOTAL of Disbursements This Page (optional)

5,562.07

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / n-kind design -- see allocation below	Date (month, day, year)	Amount of Each Disbursement This Period
KARIN MELLSKOG 3403 SW CORBETT AVE PORTLAND, OR 97201	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-24-97	165.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Elizabeth Purse OR/01	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 17.50 (MEMO)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Tom Bruggere, OR/SEN	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 17.50 (MEMO)
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Darlene Hoodley OR/05	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 130.00 (MEMO)
E. Full Name, Mailing Address and ZIP Code LAZER QUICK PRINTING 914 SW MORRISON ST. Portland, OR 97205	Purpose of Disbursement (n-kind) Printing -- see allocation below	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 119.17
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Elizabeth Purse OR/01	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 39.72 (MEMO)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Tom Bruggere OR/SEN	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 39.73 (MEMO)
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Darlene Hoodley OR/05	Date (month, day, year) 1-24-97	Amount of Each Disbursement This Period 39.72 (MEMO)
I. Full Name, Mailing Address and ZIP Code Printer Graphic Services 2046 E. Castor Ave. Philadelphia, PA 19134	Purpose of Disbursement (n-kind) Printing for Joe Hoetzel PA/13	Date (month, day, year) 1-21-97	Amount of Each Disbursement This Period 1,856.00

SUBTOTAL of Disbursements This Page (optional) 2,140.17

TOTAL This Period (last page this line number only) 7,702.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 27

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NAME OF COMMITTEE (in Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE INC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
HICKMAN BROBIN 1350 CONN. AVE, #200 WASHINGTON, DC 20036	Choice Polling Information	1-13-97	2,044.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,044.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

2-20-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

Ses
PREPARER

2-20-97
DATE PREPARED