

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NARAL Pro-Choice America PAC

ADDRESS (number and street) 1156 15th Street NW, Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00079541
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 09 01 2006 through 09 30 2006

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 John Botts

Signature of Treasurer Electronically Filed by John Botts Date 10 20 2006

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**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		635155.37
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	619438.28									
(c) Total Receipts (from Line 19)	198595.41	582301.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	818033.69	1217456.93								
7. Total Disbursements (from Line 31)	218714.94	618138.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	599318.75	599318.75								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NARAL Pro-Choice America PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	32172.00	152633.00
(i) Itemized (use Schedule A)	163691.00	403083.61
(ii) Unitemized	195863.00	555716.61
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	195863.00	560716.61
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	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 37, page 5)	0.00	261.79
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2732.41	21323.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	198595.41	582301.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	198595.41	582301.56

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) 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.....	152214.94	278743.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	152214.94	278743.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	338410.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	985.00
(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	985.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	218714.94	618138.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	218714.94	618138.18

DETAILED SUMMARY PAGE
of Disbursements

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)	195863.00	560716.61
34. Total Contribution Refunds (from Line 28(d))	0.00	985.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	195863.00	559731.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	152214.94	278743.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	261.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	152214.94	278481.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 (Last, First, Middle Initial) A. W. Neil Ambrosini		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 675 Cheese Factory Rd		Transaction ID: C271947	
City State Zip Code Honeoye Falls NY 14472-9230	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Valerie Barnes		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006	
Mailing Address 118 Park Ave		Transaction ID: C268442	
City State Zip Code Chambersburg PA 17201-1228	Amount of Each Receipt this Period 218.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Systeem Engineer Aggregate Year-to-Date ▼ 218.00		

Full Name (Last, First, Middle Initial) C. Colleen Beier		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address W6712 Clark Rd		Transaction ID: C271890	
City State Zip Code La Valle WI 53941-9304	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	518.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Arlene Brody		Date of Receipt
Mailing Address 15 Marshall Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Weston CT 06883-1230		<input type="text"/> 09 / <input type="text"/> 11 / <input type="text"/> 2006
FEC ID number of contributing federal political committee. C		Transaction ID: C271948
Name of Employer N/A Occupation Retired		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 200.00
Aggregate Year-to-Date ▼		
<input type="text"/> 300.00		

Full Name (Last, First, Middle Initial) B. Jennifer L Bronsen		Date of Receipt
Mailing Address 8 Elm Rock Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Bronxville NY 10708-4203		<input type="text"/> 09 / <input type="text"/> 29 / <input type="text"/> 2006
FEC ID number of contributing federal political committee. C		Transaction ID: C271988
Name of Employer Information Requested Occupation Information Requested		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 5000.00
Aggregate Year-to-Date ▼		
<input type="text"/> 5000.00		

Full Name (Last, First, Middle Initial) C. Rosemary Caterson		Date of Receipt
Mailing Address 26315 Basswood Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Palos Verdes Penin CA 90275-1709		<input type="text"/> 09 / <input type="text"/> 19 / <input type="text"/> 2006
FEC ID number of contributing federal political committee. C		Transaction ID: C268705
Name of Employer N/A Occupation Retired		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 150.00
Aggregate Year-to-Date ▼		
<input type="text"/> 250.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mary Coggeshell		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 4129 Fellowship Road		Transaction ID: C268293	
City State Zip Code Basking Ridge NJ 07920	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Michele Cone		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 260 W. Broadway Apt. 10A		Transaction ID: C268707	
City State Zip Code New York NY 10013-2262	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Teacher Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Patricia Cook		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1004 Aspen St		Transaction ID: C271958	
City State Zip Code Wayne NE 68787-1224	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Piano Teacher Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Vivian S. Crabtree

Mailing Address 2661 Tallant Road
Apartment Mn724

City State Zip Code
Santa Barbara CA 93105-4863

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: C268443

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Anita S. Darow

Mailing Address 1020 Grove Street
Apartment 706

City State Zip Code
Evanston IL 60201-4236

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: C271964

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Beverly B. Davis

Mailing Address 704 W Saint Georges Rd

City State Zip Code
Baltimore MD 21210-1407

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: C271630

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Regina Derzon

Mailing Address 3320 Grass Hill Ter

City Falls Church State VA Zip Code 22044

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: C271889

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Jean W. Evans

Mailing Address 2313 Burr Oak Rd

City Northfield State IL Zip Code 60093-2701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2006

Transaction ID: C269693

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Robert J. Fleese

Mailing Address 1248 Gravel Pond Rd

City Clarks Summit State PA Zip Code 18411-9481

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: C271956

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Nancy Flournoy

Mailing Address 3105 Trailside Dr

City State Zip Code
Columbia MO 65203

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

Name of Employer Occupation
University of Missouri Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: C271952

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Holly H. Gathright

Mailing Address 2914 Belknap Beach Rd

City State Zip Code
Prospect KY 40059-8013

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: C270247

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Holly H. Gathright

Mailing Address 2914 Belknap Beach Rd

City State Zip Code
Prospect KY 40059-8013

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2006

Transaction ID: C269689

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<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. Pamela Goffinet Martinez		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 2223 S. Bell Avenue, # 2		Transaction ID: C271950	
City State Zip Code Chicago IL 60608-3909	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Lois L Grass		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 2000 Crums Mill Rd		Transaction ID: C269415	
City State Zip Code Harrisburg PA 17110-3609	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Robert T. Gross		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 12919 Balarama Dr		Transaction ID: C271893	
City State Zip Code Houston TX 77099-2202	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 205.00		

SUBTOTAL of Receipts This Page (optional) ▶	605.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<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

A. Full Name (Last, First, Middle Initial) Laura Helfman Mailing Address HC 77 Box 64 City Coalmont State TN Zip Code 37313-9704 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: C271954 Amount of Each Receipt this Period 218.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 218.00	

B. Full Name (Last, First, Middle Initial) H. H. Hubbell Mailing Address 3131 Fleur Dr Apt 607 City Des Moines State IA Zip Code 50321-1741 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: C271966 Amount of Each Receipt this Period 300.00
Name of Employer N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Housewife Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) J. K. Hunt Mailing Address 236 Northwind Drive City El Paso State TX Zip Code 79912-3712 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: C271955 Amount of Each Receipt this Period 225.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	743.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Susan Hyatt		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 42 Tuscaloosa Avenue		Transaction ID: C271990	
City Atherton	State CA	Amount of Each Receipt this Period 2500.00	
Zip Code 94027		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Community Volunteer	Aggregate Year-to-Date ▼ 2600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Katherine M. Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 170 Timrod Trail		Transaction ID: C268995	
City Glastonbury	State CT	Amount of Each Receipt this Period 200.00	
Zip Code 06033-1939		FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Henry Kaminer		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 95 Charles Street #5		Transaction ID: C271887	
City New York	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 10014-2621		FEC ID number of contributing federal political committee. C	
Name of Employer N/A	Occupation Retired	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<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. Alice Kaplan		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 317 Stanwich Road		Transaction ID: C271986	
City Greenwich	State CT	Amount of Each Receipt this Period 1000.00	
Zip Code 06830-3522		FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Marjorie H. Kleinman		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 595 W End Avenue #16B		Transaction ID: C269235	
City New York	State NY	Amount of Each Receipt this Period 110.00	
Zip Code 10024-1727		FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Sophia Kottiar		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3217 Swarthmore Rd		Transaction ID: C271965	
City Wilmington	State DE	Amount of Each Receipt this Period 300.00	
Zip Code 19807-3125		FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1410.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Letitia L. Kruger

Mailing Address 515 Northgate Drive #303

City State Zip Code
San Rafael CA 94903

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: C259718

Amount of Each Receipt this Period
-250.00

Bounced Check

B. Full Name (Last, First, Middle Initial)
Elizabeth Lee

Mailing Address 12 E 87th St

City State Zip Code
New York NY 10128-0524

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: C270158

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Richard Licht

Mailing Address Ten Weybosset Street

City State Zip Code
Providence RI 02903

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

Name of Employer Information Requested Occupation Information Requested
Tillinghast Licht Perkins Smith & Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: C271975

Amount of Each Receipt this Period
820.00

SUBTOTAL of Receipts This Page (optional)	670.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Michelle B. Lieber		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 40 E 80th St # 10A		Transaction ID: C271969	
City State Zip Code New York NY 10021-0230	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Marcena W Love		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 1175 Pelham Road		Transaction ID: C271989	
City State Zip Code Winnetka IL 60093-2017	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Activist Aggregate Year-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Jonathan Lubin		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 626 N. Michigan Avenue		Transaction ID: C268706	
City State Zip Code Pasadena CA 91106-1135	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	3650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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. Full Name (Last, First, Middle Initial)
 Anne Mangus

Mailing Address P O Box 772553

City State Zip Code
 Steamboat Springs CO 80477-2553

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2006

Transaction ID: C271891

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Carol B. Marcus

Mailing Address 13447 Weddington St

City State Zip Code
 Sherman Oaks CA 91401-5928

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2006

Transaction ID: C270248

Amount of Each Receipt this Period
 218.00

C. Full Name (Last, First, Middle Initial)
 Mary L McLay

Mailing Address 133 Kendal Dr

City State Zip Code
 Oberlin OH 44074-1906

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2006

Transaction ID: C271973

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1318.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Doreen Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 134 Wheatley Rd		Transaction ID: C272240
City Brookville	State NY	Zip Code 11545
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Joan A Mondale		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 2116 Irving Ave S		Transaction ID: C271967
City Minneapolis	State MN	Zip Code 55405-2541
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Ruth Obernbreit		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 5 Iden Avenue		Transaction ID: C269692
City Larchmont	State NY	Zip Code 10538-0000
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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

Full Name (Last, First, Middle Initial) A. Susan Pattee		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 1110 Cheyenne Blvd		Transaction ID: C271963
City State Zip Code Colorado Spgs CO 80906-2443	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Richard Payne		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 39 Oswego Ave		Transaction ID: C271968
City State Zip Code Silver Spring MD 20910-5107	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Karen Pirnie		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 3019 Hill Hedge Dr.		Transaction ID: C271949
City State Zip Code Montgomery AL 36111-1108	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Mary Procter Mailing Address 324 G Street SE City Washington State DC Zip Code 20003-4215 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: C271951 Amount of Each Receipt this Period 200.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Francene S. Rodgers Mailing Address 10 Belvidere Street #8G City Boston State MA Zip Code 02199 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 Transaction ID: C271974 Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Chairman Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Barbara K Schnoor Mailing Address 107 Agency Rd City Mankato State MN Zip Code 56001-5053 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 Transaction ID: C271698 Amount of Each Receipt this Period 75.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Retired Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	5275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial) Nancy Schwartz		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 6491 82nd Place		Transaction ID: C268561
City State Zip Code Middle Village NY 11379-0000	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New York University	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) Joseph A. Shenuski		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 12807 N 137th St		Transaction ID: C271957
City State Zip Code Scottsdale AZ 85259-2335	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Josie Shift		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 170 Lakeview Drive		Transaction ID: C269893
City State Zip Code Woodside CA 94062-1125	Amount of Each Receipt this Period 218.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00	

SUBTOTAL of Receipts This Page (optional) ▶	718.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Elizabeth J Shipp

Mailing Address 4509 N. 16th St.

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
NARAL Pro-Choice America Director of Politics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: C271987

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ann W Spaeth

Mailing Address 15 Laughlin Ln

City State Zip Code
Philadelphia PA 19118-3614

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C271032

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Noa Staryk

Mailing Address 2754 Thomas Ave S

City State Zip Code
Minneapolis MN 55416-4347

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C271970

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1025.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 43
	<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. Jean H. Summens		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 20832 Pacific Coast Hwy		Transaction ID: C271972	
City State Zip Code Malibu CA 90265-5216	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Marilyn Tempest		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 933 Mt Vernon Ave		Transaction ID: C272239	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Katie Thompson		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 30 Sodom Rd.		Transaction ID: C271906	
City State Zip Code Ithaca NY 14850-8775	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	925.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Dolores A. Van Vleck		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006
Mailing Address 930 Evergreen Drive		Transaction ID: C268292
City Lincoln	State NE	Zip Code 68510-4127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Abby Vincent		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 10834 Pickford Way		Transaction ID: C271697
City Culver City	State CA	Zip Code 90230-4936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Abby Vincent		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
Mailing Address 10834 Pickford Way		Transaction ID: C269232
City Culver City	State CA	Zip Code 90230-4936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Rosalie E. Wahl		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 10231 47th Street, North		Transaction ID: C271960
City State Zip Code Lake Elmo MN 55042-9509	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James G. Ward		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 1007 Balfour Street		Transaction ID: C271888
City State Zip Code Midland MI 48640-0000	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. James G. Ward		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1007 Balfour Street		Transaction ID: C268717
City State Zip Code Midland MI 48640-0000	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Anne Wedner

Mailing Address 3 Kent Road

City State Zip Code
Winnetka IL 60093-1815

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C271961

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Debra Weinberg

Mailing Address 2 Huntersworth Court

City State Zip Code
Owings Mills MD 21117-0000

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C271959

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alexis Weinstein

Mailing Address 23 Wierimus Rd

City State Zip Code
Hillsdale NJ 07642-1037

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: C271962

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gail Weitz		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 21 Horseshoe Hill Rd		Transaction ID: C271923	
City State Zip Code Pound Ridge NY 10576-1612	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer M & G Brokerage, Inc.	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) B. Lisa Winkler		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 452 Walton Rd		Transaction ID: C271921	
City State Zip Code Maplewood NJ 07040-1120	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Pardince Board of Education	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Lisa Winkler		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 452 Walton Rd		Transaction ID: C268719	
City State Zip Code Maplewood NJ 07040-1120	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Pardince Board of Education	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Jane Wohl		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 631 S Jefferson		Transaction ID: C271922	
City Sheridan	State WY	Amount of Each Receipt this Period 150.00	
Zip Code 82801-5020			
FEC ID number of contributing federal political committee. C			
Name of Employer Sherida College	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Marcia Wood		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 902 Drakeswood Ct		Transaction ID: C271971	
City Sarasota	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 34232-2534			
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Anne Wright-Wilson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address PO Box 134		Transaction ID: C271953	
City Hopewell	State NJ	Amount of Each Receipt this Period 200.00	
Zip Code 08525-0134			
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	32172.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Allfirst

Mailing Address PO Box 1596

City State Zip Code
Baltimore MD 21203

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21323.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	6

Transaction ID: C263895

Amount of Each Receipt this Period
2732.41

* Interst Income

SUBTOTAL of Receipts This Page (optional)	▶	2732.41
TOTAL This Period (last page this line number only)	▶	2732.41

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"/> 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. Allfirst		Transaction ID: D818 Date of Disbursement 09 / 30 / 2006
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 176.28
City Baltimore	State MD Zip Code 21203	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Allfirst		Transaction ID: D817 Date of Disbursement 09 / 30 / 2006
Mailing Address PO Box 1596		Amount of Each Disbursement this Period 113.57
City Baltimore	State MD Zip Code 21203	
Purpose of Disbursement Bank Fee		Category/ Type
Candidate Name		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Colortree		Transaction ID: D792 Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 18160		Amount of Each Disbursement this Period 1125.00
City Merrifield	State VA Zip Code 22118	
Purpose of Disbursement Printing		Category/ Type
Candidate Name		
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1414.85
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 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. Direct Advantage Marketing		Transaction ID: D781 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 5601 Hobart Street		Amount of Each Disbursement this Period 9909.90
City Philadelphia State PA Zip Code 15217	Purpose of Disbursement Telemarketing Services Candidate Name Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) B. Direct Advantage Marketing		Transaction ID: D785 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 5601 Hobart Street		Amount of Each Disbursement this Period 1598.71
City Philadelphia State PA Zip Code 15217	Purpose of Disbursement Telemarketing Services Candidate Name Category/Type	
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) ▼

Full Name (Last, First, Middle Initial) C. Direct Advantage Marketing		Transaction ID: D794 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 5601 Hobart Street		Amount of Each Disbursement this Period 5214.30
City Philadelphia State PA Zip Code 15217	Purpose of Disbursement Telemarketing Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	16722.91
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 43

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

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

A. Direct Impressions Full Name (Last, First, Middle Initial) Mailing Address 2100 Tomlynn Street City Richmond State VA Zip Code 23230 Purpose of Disbursement Printing 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) ▼		Transaction ID: D793 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 3423.11 Category/Type
---	--	--

B. Donor Services Group Full Name (Last, First, Middle Initial) Mailing Address 11500 Olympic Boulevard Suite 540 City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Telemarketing Services 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) ▼		Transaction ID: D778 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 15620.20 Category/Type
--	--	---

C. Donor Services Group Full Name (Last, First, Middle Initial) Mailing Address 11500 Olympic Boulevard Suite 540 City Los Angeles State CA Zip Code 90064 Purpose of Disbursement Telemarketing Services 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) ▼		Transaction ID: D784 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 28150.39 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	47193.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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"/> 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. Donor Services Group		Transaction ID: D791 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 25653.12
City Los Angeles State CA Zip Code 90064	Category/ Type	
Purpose of Disbursement Telemarketing Services		
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) ▼	

Full Name (Last, First, Middle Initial) B. Donor Services Group		Transaction ID: D796 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 11500 Olympic Boulevard Suite 540		Amount of Each Disbursement this Period 13491.71
City Los Angeles State CA Zip Code 90064	Category/ Type	
Purpose of Disbursement Telemarketing Services		
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) ▼	

Full Name (Last, First, Middle Initial) C. Global Payment Solutions		Transaction ID: D816 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 10705 Red Run Boulevard		Amount of Each Disbursement this Period 204.73
City Owings Mills State MD Zip Code 21117	Category/ Type	
Purpose of Disbursement Credit Card Processing Fee		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	39349.56
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 35 / 43

<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. Harris Direct		Transaction ID: D786 Date of Disbursement 09 / 15 / 2006
Mailing Address 6800 Owensmouth Avenue Suite 200		Amount of Each Disbursement this Period 6788.00
City Canoga Park State CA Zip Code 91303	Purpose of Disbursement Telemarketing Services 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Payment Solutions, Inc.		Transaction ID: D787 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 30217		Amount of Each Disbursement this Period 75.00
City Bethesda State MD Zip Code 20824	Purpose of Disbursement Credit Card Processing Fee 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. SD&A Teleservices, Inc.		Transaction ID: D782 Date of Disbursement 09 / 11 / 2006
Mailing Address 101 Continental Boulevard Suite 400		Amount of Each Disbursement this Period 2449.05
City El Segundo State CA Zip Code 90245	Purpose of Disbursement Telemarketing Services 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	9312.05
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 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. SD&A Teleservices, Inc.		Transaction ID: D788 Date of Disbursement 09 / 15 / 2006
Mailing Address 101 Continental Boulevard Suite 400		Amount of Each Disbursement this Period 3736.65
City El Segundo State CA Zip Code 90245	Purpose of Disbursement Telemarketing Services 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. SD&A Teleservices, Inc.		Transaction ID: D795 Date of Disbursement 09 / 22 / 2006
Mailing Address 101 Continental Boulevard Suite 400		Amount of Each Disbursement this Period 5946.45
City El Segundo State CA Zip Code 90245	Purpose of Disbursement Telemarketing Services 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Share Group, Inc.		Transaction ID: D783 Date of Disbursement 09 / 11 / 2006
Mailing Address PO Box 55183		Amount of Each Disbursement this Period 5985.50
City Boston State MA Zip Code 02205	Purpose of Disbursement Telemarketing Services 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	15668.60
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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"/> 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. Share Group, Inc.		Transaction ID: D789 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address PO Box 55183		Amount of Each Disbursement this Period 8768.74
City Boston	State MA	
Zip Code 02205		
Purpose of Disbursement Telemarketing Services		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Share Group, Inc.		Transaction ID: D812 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address PO Box 55183		Amount of Each Disbursement this Period 5490.80
City Boston	State MA	
Zip Code 02205		
Purpose of Disbursement Telemarketing Services		
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Transaction ID: D779 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006
Mailing Address 7400 Fullerton Road Suite 110		Amount of Each Disbursement this Period 8238.73
City Springfield	State VA	
Zip Code 22153		
Purpose of Disbursement Postage		
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	22498.27
TOTAL This Period (last page this line number only) ▶	152159.94

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Arcuri for Congress		Transaction ID: D798 Date of Disbursement 09 / 29 / 2006	
Mailing Address 2617 Crestway		Amount of Each Disbursement this Period 5000.00	
City Utica	State NY	Zip Code 13501	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Michael A. Arcuri			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 24			

Full Name (Last, First, Middle Initial) B. Baird For Congress		Transaction ID: D799 Date of Disbursement 09 / 29 / 2006	
Mailing Address P.O. Box 5016		Amount of Each Disbursement this Period 1000.00	
City Vancouver	State WA	Zip Code 98668	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Brian Baird			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WA District: 03			

Full Name (Last, First, Middle Initial) C. Brown For Congress		Transaction ID: D801 Date of Disbursement 09 / 29 / 2006	
Mailing Address P.O. Box 4506		Amount of Each Disbursement this Period 2500.00	
City Auburn	State CA	Zip Code 95604	
Purpose of Disbursement Contribution		Category/ Type	
Candidate Name Charles Brown			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 04			

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cardin For Senate		Transaction ID: D800 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 21093		Amount of Each Disbursement this Period 5000.00
City Catonsville	State MD	
Zip Code 21228		
Purpose of Disbursement Contribution		
Candidate Name Ben Cardin		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District:		

Full Name (Last, First, Middle Initial) B. Christine Jennings For Congress		Transaction ID: D802 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period 5000.00
City Sarasota	State FL	
Zip Code 34230		
Purpose of Disbursement Contribution		
Candidate Name Christine Jennings		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 13		

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: D790 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 120 Maryland Avenue, NW		Amount of Each Disbursement this Period 15000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement 2006 Contribution		
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	25000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ellen Simon for Congress		Transaction ID: D797 Date of Disbursement 09 / 29 / 2006	
Mailing Address P.O Box 20435		Amount of Each Disbursement this Period 5000.00	
City Sedona State AZ Zip Code 86341	Purpose of Disbursement Contribution Candidate Name Ellen Simon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Ellison For Congress		Transaction ID: D803 Date of Disbursement 09 / 25 / 2006	
Mailing Address P.O. Box 11818		Amount of Each Disbursement this Period 2500.00	
City Minneapolis State MN Zip Code 55411	Purpose of Disbursement Contribution Candidate Name Keith Ellison Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Friends of Dan Maffei		Transaction ID: D810 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO BOX 74		Amount of Each Disbursement this Period 2500.00	
City Syracuse State NY Zip Code 13214	Purpose of Disbursement Contribution Candidate Name Daniel B. Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Giffords For Congress		Transaction ID: D805 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 27565		Amount of Each Disbursement this Period 5000.00
City Tucson State AZ Zip Code 85726	Purpose of Disbursement Contribution Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gillibrand for Congress		Transaction ID: D806 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 1279		Amount of Each Disbursement this Period 2500.00
City Hudson State NY Zip Code 12534	Purpose of Disbursement Contribution Candidate Name Kirsten E. Gillibrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Harry Mitchell For Congress		Transaction ID: D815 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 23748		Amount of Each Disbursement this Period 5000.00
City Tempe State AZ Zip Code 85285	Purpose of Disbursement Contribution Candidate Name Harry Mitchell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<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. Hooley for Congress		Transaction ID: D804 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 2500.00
City Salem	State OR	
Zip Code 97308		
Purpose of Disbursement Contribution Candidate Name Darlene Hooley Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 5		

Full Name (Last, First, Middle Initial) B. Hoyer for Congress		Transaction ID: D807 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 7905 Malcolm Rd. Suite 102		Amount of Each Disbursement this Period 2500.00
City Clinton	State MD	
Zip Code 20735		
Purpose of Disbursement Contribution Candidate Name Steny Hoyer Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 05		

Full Name (Last, First, Middle Initial) C. Jay Fawcett For Congress		Transaction ID: D809 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 7124		Amount of Each Disbursement this Period 1000.00
City Colorado Springs	State CO	
Zip Code 80933		
Purpose of Disbursement Contribution Candidate Name Jay Fawcett Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 05		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. John Sarbanes For Congress		Transaction ID: D811 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 6854		Amount of Each Disbursement this Period 1000.00
City Towson State MD Zip Code 21285	Purpose of Disbursement Contribution Candidate Name John Sarbanes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 03	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) B. Van Hollen For Congress		Transaction ID: D813 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00
City Kensington State MD Zip Code 20895	Purpose of Disbursement Contribution Candidate Name Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) C. Wulsin For Congress		Transaction ID: D814 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 7440 Montgomery Road		Amount of Each Disbursement this Period 2500.00
City Cincinnati State OH Zip Code 45236	Purpose of Disbursement Contribution Candidate Name Victoria Wilsin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 02	
Category/Type		
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	66500.00