

Form **8872**
(July 2000)

Political Organization Report of Contributions and Expenditures

OMB No. 1545-1696

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning July 1, 2002 and ending September 30, 2002

B Check applicable boxes: Initial report Change of address Amended report Final report

SAN FRANCISCO

1 Name of organization Pro-Choice Voter Alliance Employer identification number 01 0599821

2 Mailing address (P.O. Box or number, street, and room or suite number)
2261 Market St. #319

City or town, state, and ZIP code
San Francisco, CA 94114-1600

3 E-mail address of organization nfwarren@aol.com **4** Date organization was formed 02/18/02

5a Name of custodian of records
Nancy L. Warren **5b** Custodian's address
2261 Market Street, #319
San Francisco, CA 94114-1600

6a Name of contact person
Nancy L. Warren **6b** Contact person's address
2261 Market Street, #319
San Francisco, CA 94114-1600

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

- 8** Type of report (check only one box)
- a First quarterly report (due by April 15)
 - b Second quarterly report (due by July 15)
 - c Third quarterly report (due by October 15)
 - d Year-end report (due by January 31)
 - e Mid-year report (Non-election year only-due by July 31)
 - f Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
 - g Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election: _____
 - (2) Date of election: _____
 - (3) For the state of: _____
 - h Post-general election report (due by the 30th day after general election)
 - (1) Date of election: _____
 - (2) For the state of: _____

SCANNED OCT 2 4 2002

9 Total amount of reported contributions (total from all attached Schedules A)	9	0
10 Total amount of reported expenditures (total from all attached Schedules B)	10	954

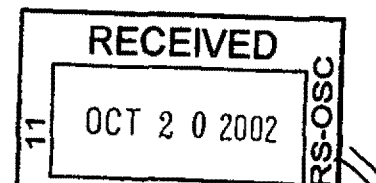
Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official [Signature] Date 10/15/02

Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form **8872** (7-2000)



Schedule A Itemized Contributions Schedule A page 1 of 1

Name of organization **Pro-Choice Voter Alliance** Employer identification number **01-0599821**

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Pro-Choice Voter Alliance		Employer identification number 01 : 0599821
Recipient's name, mailing address and ZIP code Merksamer, Parrinello, Mueller & Naylor, LLP 591 Redwood Hwy, #4000 Mill Valley, CA 94941	Name of recipient's employer N/A	Amount of each expenditure reported for this period \$ 954
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$