

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) ☐ check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

10060.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John Botts

09/12/2008

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

3750.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

384031.30

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

3750.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainCalendar Year-To-Date Per Election
for Office Sought

384031.30

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Mailing Address

1600 Wilson Blvd.
Suite 300

Amount

975.00

City

Arlington

State

VA

Zip Code

22209

Purpose of Expenditure

Mail Production

Category/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Barack ObamaCalendar Year-To-Date Per Election
for Office Sought

384031.30

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

8475.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 / 3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8Mailing Address
1600 Wilson Blvd.
Suite 300

Amount

975.00

City
ArlingtonState
VAZip Code
22209Purpose of Expenditure
Mail ProductionCategory/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

384031.30

Full Name (Last, First, Middle Initial) of Payee
Facebook

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8Mailing Address
156 University Avenue

Amount

280.00

City
Palo AltoState
CAZip Code
94301Purpose of Expenditure
On-line AdvertisingCategory/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

384031.30

Full Name (Last, First, Middle Initial) of Payee
M+R Strategic Services

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8Mailing Address
2120 L Street, NW
6th Floor

Amount

330.00

City
WashingtonState
DCZip Code
20037Purpose of Expenditure
On_Line Ad BuyCategory/
Type

Office Sought:

☐ House

State: DC

Presidential

☐ Senate☒ President

District: 00

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
John McCainDisbursement For:
2008☐ Primary☒ General☐ Other (specify)Calendar Year-To-Date Per Election
for Office Sought

384031.30

(a) SUBTOTAL of Itemized Independent Expenditures

1585.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

10060.00