

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) <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 |
| 0 | 9 |

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| | |
|---|---|
| D | D |
| 2 | 2 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

THROUGH

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| 2 | 2 |

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| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

6. TOTAL CONTRIBUTIONS

| |
|------|
| 0.00 |
|------|

7. TOTAL INDEPENDENT EXPENDITURES.....

| |
|-------|
| 60.00 |
|-------|

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 | | 09/22/2008 |

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

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee
PressFlex LLC

Date

/ /

Mailing Address
103 Lloyd Street, 2nd Floor

Amount

City State Zip Code
Carrboro NC 27510

Purpose of Expenditure
On-line -Advertising

Category/
Type

Office Sought: House State: DC
Presidential Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
John McCain

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2008
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

(b) **SUBTOTAL** of Unitemized Independent Expenditures

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