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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

(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

3. FEC Identification Number
C C00004186

2. Corporate filers only
Is this for 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 ☐ 12-Day Report preceding the election

☐ January 31 Year-End Report

Type of Election Date of Election State

☐ 30-Day Report following the General Election

Date of Election State

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

5. COVERING PERIOD: FROM 03 / 01 / 2004

THROUGH

03 / 30 / 2004

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 10905.46

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or his/her agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditure reported herein was made by a corporation, I certify that the corporation is a qualified nonprofit corporation under FEC Regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
John Bolts	John Bolts	03/31/2004

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

FE24N043

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: Network Solutions
Mailing Address: 10 Azalea Drive
City: Drums | State: PA | Zip Code: 18222
Date: 03 / 30 / 2004
Amount: 120.00
Purpose of Expenditure: Website Domain Name
Category/Type:
Office Sought: Presidential — House / Senate / [X] President — State: DC — District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: George Bush
Check One: [ ] Support [X] Oppose
Calendar Year-To-Date Per Election for Office Sought: 10905.46
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Get Active
Mailing Address: 2855 Telegraph Street, Suite 600
City: Berkeley | State: CA | Zip Code: 94705
Date: 03 / 30 / 2004
Amount: 801.00
Purpose of Expenditure: Website Development
Category/Type:
Office Sought: Presidential — House / Senate / [X] President — State: DC — District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: 10905.46
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: NARAL Pro-Choice America Foundation
Mailing Address: 1156 15th Street, NW, Suite 700
City: Washington | State: DC | Zip Code: 20005
Date: 03 / 30 / 2004
Amount: 8712.00
Purpose of Expenditure: List Rental
Category/Type:
Office Sought: Presidential — House / Senate / [X] President — State: DC — District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: John Kerry
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: 10905.46
Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9633.08
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures .....
(carry total from last page forward to Line 7)

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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
The Madison Hotel

Mailing Address
15th & M Streets, NW

City: Washington | State: DC | Zip Code: 20005

Date: 02 / 10 / 2004
Amount: 1082.39

Purpose of Expenditure: Rental of Space, Equipment & Catering
Category/Type:

Office Sought: Presidential [ ] House [ ] Senate [X] President
State: DC
District: 00

Name of Federal Candidate Supported or Opposed by Expenditure: George Bush

Check One: [ ] Support [x] Oppose

Calendar Year-To-Date Per Election for Office Sought: 10905.46

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
US Newswire

Mailing Address
National Press Building
Suite 1230

City: Washington | State: DC | Zip Code: 20005

Date: 02 / 10 / 2004
Amount: 190.00

Purpose of Expenditure: Fax Services
Category/Type:

Office Sought: Presidential [ ] House [ ] Senate [X] President
State: DC
District: 00

Name of Federal Candidate Supported or Opposed by Expenditure: George Bush

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 10905.46

Disbursement For: 2004 [ ] Primary [X] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	1272.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	10905.46

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑ Hand Delivered	Date of Receipt 4-1-04
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	4-1-04 DATE PREPARED

(2/2004)