

# 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 <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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	6

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	6

 / 

D	D
1	2

 / 

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS .....	<input style="width: 90%;" type="text" value="0.00"/>
7. TOTAL INDEPENDENT EXPENDITURES.....	<input style="width: 90%;" type="text" value="2.25"/>

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		06/12/2008

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**

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 6 / 1 2 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

1.12

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List Rental (6-12 Email)

Category/  
Type

Office Sought:

House

State: DC

Presidential

Senate

District: 00

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Disbursement For: 2008

Primary

General

Other (specify)

Calendar Year-To-Date Per Election  
for Office Sought

112795.27

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

Date

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Mailing Address

1156 15th Street, NW, Suite 700

Amount

1.13

City

Washington

State

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Purpose of Expenditure

List Rental (6-12 Email)

Category/  
Type

Office Sought:

House

State: DC

Presidential

Senate

District: 00

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Barack Obama

Disbursement For: 2008

Primary

General

Other (specify)

Calendar Year-To-Date Per Election  
for Office Sought

112795.27

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

2.25

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

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

2.25