

February 1, 2008

# FACSIMILE

**TO:** Electronic Filing Office, Federal Election Commission

**From:** Brian Foucart on behalf of NARAL/Pro-Choice America

**Subject:** 24 hour Report

We have attempted repeatedly to file the attached 24 hour Report of Independent Expenditures using the FEC's online webform with no success. Therefore we are faxing the report so that it is filed in a timely manner.

Should there be any questions concerning this filing I can be reached by phone at (202) 341-8865 or via email at [brian@pcmsllc.com](mailto:brian@pcmsllc.com)

Thank you.

28039614718

# 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 <b>NARAL PRO CHOICE AMERICA</b>		3. FEC Identification Number <b>C90004185</b>
(b) Address (number and street) check if different than previously reported <b>1156 15th Street NW</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20005</b>		
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  
 July 15 Quarterly Report  
 24-Hour Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 48-Hour Report

b) Is this Report an amendment? Yes:  No:

5. COVERING PERIOD: FROM

**02 01 2008**  
 THROUGH  
**02 01 2008**

6. TOTAL CONTRIBUTIONS ..... **000**

7. TOTAL INDEPENDENT EXPENDITURES ..... **508884**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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
<b>John Butts</b>	<b>J Butts</b>	<b>2-1-08</b>

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

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# SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	

Date of Receipt
Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**

Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	

Date of Receipt
Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**

Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	

Date of Receipt
Amount of Each Receipt this Period

**D. Full Name (Last, First, Middle Initial)**

Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page carry total to Line 6) .....

000

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NDRAL

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

LSG STRATEGIES

Date

01 25 2008

Mailing Address

2120 L STREET NW

Amount

,213.76

City

WASHINGTON

State

DC

Zip Code

20037

Purpose of Expenditure

TELEMARKETING

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

HILARY CLINTON

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

10,930.52

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

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

LSG STRATEGIES

Date

01 25 2008

Mailing Address

2120 L STREET NW

Amount

,213.77

City

WASHINGTON

State

DC

Zip Code

20037

Purpose of Expenditure

TELEMARKETING

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOHN EDWARDS

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

10,830.52

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

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

LSG STRATEGIES

Date

01 25 2008

Mailing Address

2120 L STREET NW

Amount

,213.77

City

WASHINGTON

State

DC

Zip Code

20037

Purpose of Expenditure

TELEMARKETING

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

10,930.52

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	,641.30
(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**

PAGE 2 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NARAL

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

NARAL

Date

02 01 2008

Mailing Address

1156 15<sup>th</sup> STREET NW

Amount

808.58

City

WASHINGTON

State

DC

Zip Code

20005

Purpose of Expenditure

LIST RENTAL

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

HILARY CLINTON

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

10,830.52

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

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

NARAL

Date

02 01 2008

Mailing Address

1156 15<sup>th</sup> STREET NW

Amount

808.58

City

WASHINGTON

State

DC

Zip Code

20005

Purpose of Expenditure

LIST RENTAL

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

10,830.52

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

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

NARAL

Date

02 01 2008

Mailing Address

1156 15<sup>th</sup> STREET NW

Amount

808.58

City

WASHINGTON

State

DC

Zip Code

20005

Purpose of Expenditure

LIST RENTAL

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

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

10,830.52

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2,425.73
(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**

PAGE 3 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**NARAL**

Full Name (Last, First, Middle Initial) of Payee <b>NARAL</b>		Date <b>02 01 2008</b>
Mailing Address <b>1156 15<sup>th</sup> STREET NW</b>		Amount <b>,808.58</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>		
Purpose of Expenditure <b>LIST RENTAL</b>	Category/Type	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MITT ROMNEY</b>		Check One: Support _____ Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought <b>10,830.52</b>		Disbursement For: Primary <input checked="" type="checkbox"/> General _____ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>NARAL</b>		Date <b>02 01 2008</b>
Mailing Address <b>1156 15<sup>th</sup> STREET NW</b>		Amount <b>,808.58</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>		
Purpose of Expenditure <b>LIST RENTAL</b>	Category/Type	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE HUCKABEE</b>		Check One: Support _____ Oppose <input checked="" type="checkbox"/>
Calendar Year-To-Date Per Election for Office Sought <b>10,830.52</b>		Disbursement For: Primary <input checked="" type="checkbox"/> General _____ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>CONVIO</b>		Date <b>02 01 2008</b>
Mailing Address <b>1140 BURNE RD</b>		Amount <b>,80.53</b>
City <b>AUSTIN</b>	State <b>TX</b>	
Zip Code <b>78758</b>		
Purpose of Expenditure <b>EMAIL SERVICES</b>	Category/Type	Office Sought: House _____ Senate _____ President <input checked="" type="checkbox"/> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>HILARY CLINTON</b>		Check One: Support <input checked="" type="checkbox"/> Oppose _____
Calendar Year-To-Date Per Election for Office Sought <b>10,830.52</b>		Disbursement For: Primary <input checked="" type="checkbox"/> General _____ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>1,698.08</b>
(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**

PAGE 4 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**NARAL**

Full Name (Last, First, Middle Initial) of Payee <b>CONNIO</b>		Date <b>02 01 2009</b>
Mailing Address <b>1140 BURNET ROAD</b>		Amount <b>, 8093</b>
City <b>AUSTIN</b>	State <b>TX</b>	
Zip Code <b>78759</b>		
Purpose of Expenditure <b>EMAIL SERVICES</b>	Category/Type	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>10,850.52</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>CONNIO</b>		Date <b>02 01 2009</b>
Mailing Address <b>1140 BURNET ROAD</b>		Amount <b>, 8093</b>
City <b>AUSTIN</b>	State <b>TX</b>	
Zip Code <b>78758</b>		
Purpose of Expenditure <b>EMAIL SERVICES</b>	Category/Type	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN MCCAIN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>10,830.52</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>CONNIO</b>		Date <b>02 01 2008</b>
Mailing Address <b>1140 BURNET ROAD</b>		Amount <b>, 80.93</b>
City <b>AUSTIN</b>	State <b>TX</b>	
Zip Code <b>78759</b>		
Purpose of Expenditure <b>EMAIL SERVICES</b>	Category/Type	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE HUCKABEE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>10,830.52</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>242.79</b>
(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**

PAGE 5 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**NARAL**

Full Name (Last, First, Middle Initial) of Payee <b>CONUIO</b>	Date <b>02 01 2008</b>
Mailing Address <b>1140 BURNET ROAD</b>	Amount <b>80.94</b>
City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78758</b>	

Purpose of Expenditure <b>EMAIL SERVICES</b>	Category/Type	Office Sought: House _____ Senate _____ <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MITT ROMNEY</b>		Check One: Support <input checked="" type="checkbox"/> Oppose _____

Calendar Year-To-Date Per Election for Office Sought <b>10,830.52</b>	Disbursement For: <input checked="" type="checkbox"/> Primary _____ <input type="checkbox"/> General _____ <input type="checkbox"/> Other (specify) _____
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Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: House _____ Senate _____ President _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: Support _____ Oppose _____

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____ <input type="checkbox"/> Other (specify) _____
--	--

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: House _____ Senate _____ President _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: Support _____ Oppose _____

Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary _____ <input type="checkbox"/> General _____ <input type="checkbox"/> Other (specify) _____
--	--

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>80.94</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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**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.

28039614726

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A  
 PREPARER

N/A  
 DATE PREPARED