

# 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	8

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	8

 / 

D	D
1	8

 / 

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="86766.20"/>

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	_____	08/18/2008

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  
Direct Advantage

Date

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

Mailing Address  
PO Box 55043

Amount

27612.00

City State Zip Code  
Boston MA 02205

Purpose of Expenditure  
Mail House Fees

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

Date

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

Mailing Address  
PO Box 439

Amount

1140.00

City State Zip Code  
Sumas WA 98929-5043

Purpose of Expenditure  
Graphic design

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Gordon & Schwenkmeyer

Date

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

Mailing Address  
300 N Sepulveda Blvd.

Amount

27612.00

City State Zip Code  
El Segundo CA 90245

Purpose of Expenditure  
Telemarketing

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

56364.00

(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**

NAME OF FILER (In Full)

NARAL Pro-Choice America

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

Date

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

Mailing Address  
6800 Owensmouth Ave., S

Amount

27612.00

City State Zip Code  
Canoga Park CA 91303

Purpose of Expenditure  
Direct Mail production

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

Date

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

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

1900.00

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywrite/Mail Production exp.

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

Date

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

Mailing Address  
.

Amount

160.00

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
Postage

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barack Obama

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

29672.00

(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**

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 8 / 1 8 / 2 0 0 8

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

126.00

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywrite

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 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

Date

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

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

604.20

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Direct Mail Productoin

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 296255.04

Disbursement For:  Primary  General  
2008  
 Other (specify)

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

730.20

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

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

86766.20