FEC FORM 5

11/03/2006 18 : 20

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 C90004185

2. **Corporate filers only**

Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only Name of Employer: NA Occupation: NA

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report

☐ July 15 Quarterly Report

☐ October Quarterly Report

☐ January 31 Year-End Report

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

5. COVERING PERIOD: FROM 11 03 2006

THROUGH

11 03 2006

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES..... 9800.00

Under penalty of perjury, I certify that this independent expenditure reported herein was not made with the cooperation or prior consent of, or in consultation 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		11/03/2006

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

3P3C21

FEC Schedule 5 (Rev. 09/2005)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee: Mission Control

Date: 11 / 03 / 2006

Mailing Address: 201 Adams

Amount: 4900.00

City: Manchester | State: CT | Zip Code: 06040

Purpose of Expenditure: Printing

Category/Type: House

Office Sought: [X] House [ ] Senate [ ] President

State: PA

District: 06

Name of Federal Candidate Supported or Opposed by Expenditure: Jim Gerlach

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 17013.84

Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Mission Control

Date: 11 / 03 / 2006

Mailing Address: 201 Adams

Amount: 4900.00

City: Manchester | State: CT | Zip Code: 06040

Purpose of Expenditure: Printing

Category/Type: House

Office Sought: [X] House [ ] Senate [ ] President

State: PA

District: 06

Name of Federal Candidate Supported or Opposed by Expenditure: Lois Murphy

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 17013.84

Disbursement For: 2006 [ ] Primary [X] General [ ] Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 9800.00

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

(c) **TOTAL** Independent Expenditures 9800.00
(carry total from last page forward to Line 7)