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 C90004185

2. **Corporate filers only**

Is the filer 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 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 MM 01 / DD 25 / YYYY 2008

THROUGH

MM 01 / DD 25 / YYYY 2008

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES..... 10357.10

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 01/25/2008

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

Image# 28990094175

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
NARAL PRO-CHOICE AMERICA

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

Mailing Address
201 Adams Street

City: Manchester | State: CT | Zip Code: 06042

Date: M M 01 / D D 25 / Y Y Y Y 2008

Amount: 7010.96

Purpose of Expenditure: Printing (1/25 Mailing)

Category/ Type:

Office Sought: [X] House [ ] Senate [ ] President — House — State: IL — District: 03

Name of Federal Candidate Supported or Opposed by Expenditure:
Dan Lipinski

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 20834.20

Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)

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

Mailing Address
201 Adams Street

City: Manchester | State: CT | Zip Code: 06042

Date: M M 01 / D D 25 / Y Y Y Y 2008

Amount: 3346.14

Purpose of Expenditure: Postage (1/25 Mailing)

Category/ Type:

Office Sought: [X] House [ ] Senate [ ] President — House — State: IL — District: 03

Name of Federal Candidate Supported or Opposed by Expenditure:
Dan Lipinksi

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 20834.20

Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	10357.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	10357.10