

**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 03 / 01 / 2008
Mailing Address 1156 15th Street, NW, Suite 700	Amount 158.06
City Washington	State DC
Zip Code 20005	

Purpose of Expenditure List Rental (3-1 Email)	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/>	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55157.07		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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Purpose of Expenditure List Rental (3-1 Email)	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/>	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: John McCain		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55157.07		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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Purpose of Expenditure List Rental (3-1 Email)	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/>	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Huckabee		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 55157.07		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures .....	474.19
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
(carry total from last page forward to Line 7)	

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