

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 C 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. 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 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	4

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	4

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00
0.00		
7. TOTAL INDEPENDENT EXPENDITURES.....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">5.42</td></tr></table>	5.42
5.42		

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		04/17/2008

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
Convio

Date

/ /

Mailing Address
11400 Burnet Rd. Bldg 5, Ste 200

Amount

City State Zip Code
Austin TX 78757

Purpose of Expenditure
Email Services (4/17 Email)

Category/
Type

Office Sought: House State: DC
 Senate
Presidential President 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

Disbursement For: Primary General
2008
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice America

Date

/ /

Mailing Address
1156 15th Street, NW, Suite 700

Amount

City State Zip Code
Washington DC 20005

Purpose of Expenditure
List Rental (4-17 Email)

Category/
Type

Office Sought: House State: DC
 Senate
Presidential President 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

Disbursement For: Primary General
2008
 Other (specify) _____

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

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

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