

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	5

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
2	2

 /

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;">175.00</td></tr></table>	175.00
175.00		

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	_____	05/22/2008

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
Google

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Mailing Address
PO Box 39000

Amount

87.50

City State Zip Code
San Francisco CA 94139-3181

Purpose of Expenditure
On-line Advertising

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 87070.24

Disbursement For: Primary General
2008
 Other (specify)

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

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Mailing Address
PO Box 39000

Amount

87.50

City State Zip Code
San Francisco CA 94139-3181

Purpose of Expenditure
On-line Advertising

Category/
Type

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

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 87070.24

Disbursement For: Primary General
2008
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

175.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

175.00