

# 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 <b>C</b> 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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	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	2

 / 

D	D
0	6

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	2

 / 

D	D
0	6

 / 

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS .....	<input style="width: 90%;" type="text" value="0.00"/>
7. TOTAL INDEPENDENT EXPENDITURES.....	<input style="width: 90%;" type="text" value="3141.43"/>

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		02/06/2008

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 (2/6 Email)

Category/  
Type

Office Sought:  House State: DC  
 Senate  
 Presidential 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

Disbursement For:  Primary  General  
 2008  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
Adams, Hussey & Associates

Date

/   /

Mailing Address  
1600 Wilson Blvd.

Amount

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Email Services/Copywrite (2/6 Email)

Category/  
Type

Office Sought:  House State: DC  
 Senate  
 Presidential 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

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)