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 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 06 / D D 18 / Y Y Y Y 2008

THROUGH

M M 06 / D D 18 / Y Y Y Y 2008

6. TOTAL CONTRIBUTIONS ....　0.00

7. TOTAL INDEPENDENT EXPENDITURES...　23487.88

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　　　　　　　　　　　　　　　　　　06/18/2008

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

NARAL Pro-Choice America

Mailing Address
1156 15th Street, NW, Suite 700

City	State	Zip Code
Washington	DC	20005

Date: M M 0 6 / D D 1 8 / Y Y Y Y 2 0 0 8

Amount: 7262.38

Purpose of Expenditure
List Rental (6/18 Mailing)

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
John McCain

Office Sought: [ ] House State: DC
Presidential [ ] Senate District: 00
[X] President

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 140046.99

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

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

Adams, Hussey & Associates

Mailing Address
1600 Wilson Blvd.

City	State	Zip Code
Arlington	VA	22209

Date: M M 0 6 / D D 1 8 / Y Y Y Y 2 0 0 8

Amount: 6817.56

Purpose of Expenditure
Email Production & support (6/18)

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
John McCain

Office Sought: [ ] House State: DC
Presidential [ ] Senate District: 00
[X] President

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 140046.99

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

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

Adams, Hussey & Associates

Mailing Address
1600 Wilson Blvd.

City	State	Zip Code
Arlington	VA	22209

Date: M M 0 6 / D D 1 8 / Y Y Y Y 2 0 0 8

Amount: 9407.94

Purpose of Expenditure
Email Production & support (6/18)

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
John McCain

Office Sought: [ ] House State: DC
Presidential [ ] Senate District: 00
[X] President

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 140046.99

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

(a) SUBTOTAL of Itemized Independent Expenditures 23487.88

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

(c) TOTAL Independent Expenditures 23487.88
(carry total from last page forward to Line 7)