

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 | | |
| (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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 29 | / | 2012 |

THROUGH

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | / | 29 | / | 2012 |

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **7954.88**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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 |
| Kimberly Robinson | <i>Kimberly Robinson</i> | 08/29/2012 |

[Electronically Filed]

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 Chapman Cubine Adams & Hussey | | Date MM / DD / YYYY 08 / 29 / 2012 |
| Mailing Address 1600 Wilson Blvd Ste 710 | | Amount 582.75 Transaction ID : VN7C238527 |
| City Arlington | State VA | |
| Purpose of Expenditure Copy, art & production | Category/ Type | Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 498227.72 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams & Hussey | | Date MM / DD / YYYY 08 / 29 / 2012 |
| Mailing Address 1600 Wilson Blvd Ste 710 | | Amount 292.25 Transaction ID : VN7C238535 |
| City Arlington | State VA | |
| Purpose of Expenditure Copy, art & production | Category/ Type | Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 14569.92 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation | | Date MM / DD / YYYY 08 / 29 / 2012 |
| Mailing Address 1156 15th St NW Ste 700 | | Amount 4715.20 Transaction ID : VN7C238501 |
| City Washington | State DC | |
| Purpose of Expenditure list rental | Category/ Type | Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 498227.72 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 5590.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | |

**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 Foundation

Mailing Address
1156 15th St NW
Ste 700

City State Zip Code
Washington DC 20005-1727

Date
MM / DD / YYYY
08 / 29 / 2012

Amount
2364.68

Transaction ID : VN7C238519

Purpose of Expenditure
list rental

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:
Todd Akin

Office Sought: House State: MO
 Senate District: 00
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
14569.92

Disbursement For: Primary General
 Other (specify)

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

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify)

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

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: House State: _____
 Senate District: _____
 President

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify)

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 2364.68 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 7954.88 |

(carry total from last page forward to Line 7)