Image# 12940747023 PAGE 1/3

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation AUL ACTION, NFP		
(b) Address (number and street) check if different than previous 655 15TH STREET NW SUITE 410	usly reported	
(c) City, State and ZIP Code		3. FEC Identification Number
WASHINGTON	DC 20005	
Corporate filers only Is the filer a qualified nonprofit corporation	n? 🔀 Yes 🔲 No	C C90011651
Individual filers only Name of Employer		Occupation
TYPE OF REPORT (check appropriate boxes):		
(a) April 15 Quarterly Report		
July 15 Quarterly Report	24-Hour Report	
October 15 Quarterly Report		
January 31 Year-End Report	X 48-Hour Report	
b) Is this Report an amendment? Yes No X 5. COVERING PERIOD: FROM THROUGH	Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS		.00
7. TOTAL INDEPENDENT EXPENDITURES		7227.54
Under penalty of perjury I certify that the independent expenditures reported herein w suggestion of, any candidate or authorized committee or agent of either, or any poli herein were made by a corporation) I certify that the corporation is a qualified nonpr	tical party committee or its agent. In ad	dition, (if the independent expenditures reported
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE [Ele	DATE octronically Filed]
Jeanneane Maxon	Jeanneane Maxon	10/31/2012
NOTE: Submission of false, erroneous or incomplete information may	y 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

5PG021 FEC **Schedule 5** (REV. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) AUL ACTION, NFP						
Full Name (Last, First, Middle Initial) of Payer	ee			Date		
ccAdvertising				М	_	Y Y Y Y Y
Mailing Address 5900 Fort Drive					0 17	2012
Suite 302				Amount		
City	State	Zip Code	;			2925.00
Centreville	VA	20121		Transa	ction ID : F57.000	
Purpose of Expenditure Artificial Intelligence Call Survey		Category/ Type	004	Office Sought	: House X Senate	State: OH District:
Name of Federal Candidate Supported or O Josh Mandel	pposed by Expend	iture:		Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		29	25.00	Disbursement 20 Othe	For: Primary p12 er (specify)	General
Full Name (Last, First, Middle Initial) of Paye	ее			Date		
ccAdvertising Mailing Address FOOD Fort Drive				1	0 17	2012
5900 Fort Drive Suite 302				Amount		
City	State	Zip Code)			
Centreville	VA	20121			1	2925.00
Purpose of Expenditure		Category/		Office Sought	ction ID : F57.0000	State: OH
Artificial Intelligence Call Survey		Type	004	9	Senate	
Name of Federal Candidate Supported or O Mitt Romney	pposed by Expend	iture:		Check One:	President Support	District:
Calendar Year-To-Date Per Election for Office Sought		36	13.77	Disbursement 20 Oth	For: Primary D12 Primary Primary	General
Full Name (Last, First, Middle Initial) of Paye	ee			Date		
ccAdvertising				M 1	M / D D /	2012
Mailing Address 5900 Fort Drive						
Suite 302				Amount		
City	State	Zip Code)			688.77
Centreville	VA	20121			ction ID : F57.000	
Purpose of Expenditure Artificial Intelligence Call Survey		Category/ Type	004	Office Sought		State: MT
					X Senate President	District:
Name of Federal Candidate Supported or O Denny Rehberg	pposed by Expend	iture:		Check One:	X Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		6	88.77	Disbursement 20 Oth	For: Primary 012 Primary er (specify)	General General
(a) SUBTOTAL of Itemized Independent Exp	enditures			• []	7 7	6538.77
(b) SUBTOTAL of Unitemized Independent E	xpenditures			•	7 7	
(c) TOTAL Independent Expenditures(carry total from last page forward t				· []	7 1 1 7	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE	3	OF	3
FOR LIN	VF 7 (OF FOI	RM 5

AUL ACTION, NFP							
Full Name (Last, First, Middle Initial) of Payer	Э			Date	9		
ccAdvertising					M = M	/ D D /	Y Y Y Y Y
Mailing Address 5900 Fort Drive					10	17	2012
Suite 302				Amo	ount		
City	State	Zip Code					222.77
Centreville	VA	20121		Tra	nsaction	ID : F57.0000	688.77 104
Purpose of Expenditure Artificial Intelligence Call Survey		Category/ Type	004	Office So		House Senate	State: MT
Name of Federal Candidate Supported or Op Mitt Romney	posed by Expendi	ture:		Check Or	ne: >	President Support	District:
Calendar Year-To-Date Per Election for Office Sought		36	13.77	Disbursen	nent For: 2012 Other (spe		General
Full Name (Last, First, Middle Initial) of Payer	е			Date	9		
					M = M	/ D D /	Y T Y T Y
Mailing Address							
				Amo	ount		
City	State	Zip Code			,		
Purpose of Expenditure		Category/		Office So	ught:	House	State:
		Type				Senate	District:
Name of Federal Candidate Supported or Opposed by Expenditure:				President	District.		
				Check Or	ne:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) of Payer				Date			
Mailing Address						/ D D /	Y I Y I Y
Mailing Address				Am	ount		
City	State	Zip Code		Alli	Juni		
Oity	State	Zip Oode				7	
Purpose of Expenditure		Category/ Type		Office Sou	ıght:	House	State:
		_				Senate	District:
Name of Federal Candidate Supported or Op	posed by Expendi	ture:		Check On		President	0
						Support	Oppose
Calendar Year-To-Date Per Election			Disbursen		Primary	General	
for Office Sought	7	7			Other (sp	ecify) ▶	
(a) SUBTOTAL of Itemized Independent Expe	nditures			• <u></u>	7	7	688.77
(b) SUBTOTAL of Unitemized Independent Ex	penditures			•	7		
(c) TOTAL Independent Expenditures(carry total from last page forward to				•		1 1 5	7227.54