

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 AUL ACTION, NFP		3. FEC Identification Number C C90011651
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 655 15TH STREET NW SUITE 410		
(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

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 7227.54

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
Jeanneane Maxon	<i>Jeanneane Maxon</i>	10/31/2012

[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)
AUL ACTION, NFP

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 2925.00 Transaction ID : F57.000001
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2925.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 2925.00 Transaction ID : F57.000002
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3613.77		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 688.77 Transaction ID : F57.000003
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Denny Rehberg		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 688.77		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	6538.77
(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)
AUL ACTION, NFP

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 688.77 Transaction ID : F57.000004
City Centreville	State VA	
Purpose of Expenditure Artificial Intelligence Call Survey		Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 3613.77		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	688.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	7227.54

(carry total from last page forward to Line 7)