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

815 16TH STREET NW

(c) City, State and ZIP Code

WASHINGTON DC 20006

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

☐ 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 01 / 30 / 2012

THROUGH M M / D D / Y Y Y Y 01 / 30 / 2012

6. TOTAL CONTRIBUTIONS 0

7. TOTAL INDEPENDENT EXPENDITURES 65.01

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	*[Electronically Filed]* *Kimberly Robinson*	01/31/2012

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

Image# 12970238025

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
NARAL Pro-Choice America

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

Mailing Address 8851 Sandy Parkway

City: Sandy | State: UT | Zip Code: 84070

Date: 01 / 30 / 2012

Amount: 16.38

Transaction ID : D1693

Purpose of Expenditure: Telephone use

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure: Suzanne Bonamici

Office Sought: [X] House [ ] Senate [ ] President | State: OR | District: 01

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 106.39

Disbursement For: [ ] Primary [ ] General [X] Other (specify) 2012 ▶

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

Mailing Address 8851 Sandy Parkway

City: Sandy | State: UT | Zip Code: 84070

Date: 01 / 30 / 2012

Amount: 16.38

Transaction ID : D1694

Purpose of Expenditure: Telephone use

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure: Rob Cornilles

Office Sought: [X] House [ ] Senate [ ] President | State: OR | District: 01

Check One: [ ] Support [X] Oppose

Calendar Year-To-Date Per Election for Office Sought: 106.39

Disbursement For: [ ] Primary [ ] General [X] Other (specify) 3023 ▶

Full Name (Last, First, Middle Initial) of Payee
NARAL Pro-Choice Foundation

Mailing Address 1156 15th Street,NW

City: Washington | State: DC | Zip Code: 20005

Date: 01 / 30 / 2012

Amount: 32.25

Transaction ID : D1695

Purpose of Expenditure: List rental

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure: Suzanne Bonamici

Office Sought: [X] House [ ] Senate [ ] President | State: OR | District: 01

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 106.39

Disbursement For: [ ] Primary [ ] General [X] Other (specify) 2012 ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 65.01

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) ▶ 65.01