

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

M M / D D / Y Y Y Y Y Y
 THROUGH
 M M / D D / Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS **.00**

7. TOTAL INDEPENDENT EXPENDITURES **38367.73**

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> [Electronically Filed] | 10/31/2012 |

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
AUL ACTION, NFP

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies | | Date MM / DD / YYYY 10 / 23 / 2012 |
| Mailing Address 3240 Wilson Boulevard Suite 202 | | Amount 2557.12 Transaction ID : F57.000001 |
| City Arlington | State VA | |
| Zip Code 22201 | | |
| Purpose of Expenditure Artificial Intelligence Call | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: NB <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Deb Fischer | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 28367.86 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee ccAdvertising | | Date MM / DD / YYYY 10 / 27 / 2012 |
| Mailing Address 5900 Fort Drive Suite 302 | | Amount 2109.14 Transaction ID : F57.000002 |
| City Centreville | State VA | |
| Zip Code 20121 | | |
| Purpose of Expenditure Get Out the Vote Call | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 5034.14 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee ccAdvertising | | Date MM / DD / YYYY 10 / 27 / 2012 |
| Mailing Address 5900 Fort Drive Suite 302 | | Amount 2109.14 Transaction ID : F57.000003 |
| City Centreville | State VA | |
| Zip Code 20121 | | |
| Purpose of Expenditure Get Out the Vote Call | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 11446.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 6775.40 |
| (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 Twelve 28 Strategies | | Date MM / DD / YYYY 10 / 27 / 2012 |
| Mailing Address 2443 Antler Point Drive | | Amount 25810.74 Transaction ID : F57.000004 |
| City Henderson | State NV | |
| Zip Code 89074 | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: NB <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Candidate Record Mailing | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Deb Fischer | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought 28367.86 | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies | | Date MM / DD / YYYY 10 / 30 / 2012 |
| Mailing Address 3240 Wilson Boulevard Suite 202 | | Amount 747.51 Transaction ID : F57.000005 |
| City Arlington | State VA | |
| Zip Code 22201 | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: NB <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Artificial Intelligence Calls | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought 11446.00 | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies | | Date MM / DD / YYYY 10 / 30 / 2012 |
| Mailing Address 3240 Wilson Boulevard Suite 202 | | Amount 2517.04 Transaction ID : F57.000006 |
| City Arlington | State VA | |
| Zip Code 22201 | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Purpose of Expenditure Artificial Intelligence Call | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: Connie Mack | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought 2517.04 | | |

| | | |
|---|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 29075.29 |
| (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 Campaign Marketing Strategies | | Date MM / DD / YYYY 10 / 30 / 2012 |
| Mailing Address 3240 Wilson Boulevard Suite 202 | | Amount 2517.04 Transaction ID : F57.000007 |
| City Arlington | State VA | |
| Purpose of Expenditure Artificial Intelligence Call | Category/ Type 004 | Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 11446.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <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 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 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 | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 2517.04 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) | 38367.73 |