

# 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 <b>C</b> C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
2	5

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	5

 / 

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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		10/25/2010

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  
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywriting

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Ken Buck

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 6807.30

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywriting

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Carly Fiorina

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17923.87

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywriting

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barbara Boxer

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17923.87

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

125.01

(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  
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywriting

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Sharon Angle

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 44.79

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywriting

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Rand Paul

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 44.79

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1840 41st Street Ave 102-333

Amount

3.12

City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Sharon Angle

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 44.79

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

86.46

(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  
Bulletproof

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1840 41st Street Ave 102-333

Amount

3.12

City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Ken Buck

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 6807.30

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1840 41st Street Ave 102-333

Amount

3.12

City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Rand Paul

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 44.79

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1840 41st Street Ave 102-333

Amount

3.12

City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Carly Fiorina

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17923.87

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

9.36

(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  
Bulletproof

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1840 41st Street Ave 102-333

Amount

3.12

City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

Office Sought:  House State: CA

Senate  Senate District: 00

President

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barbara Boxer

Calendar Year-To-Date Per Election  
for Office Sought 17923.87

Disbursement For:  Primary  General

2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywriting

Category/  
Type

Office Sought:  House State: AK

Senate  Senate District: 00

President

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Joe Miller

Calendar Year-To-Date Per Election  
for Office Sought 44.79

Disbursement For:  Primary  General

2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
1840 41st Street Ave 102-333

Amount

3.12

City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

Office Sought:  House State: AK

Senate  Senate District: 00

President

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Joe Miller

Calendar Year-To-Date Per Election  
for Office Sought 44.79

Disbursement For:  Primary  General

2010  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

47.91

(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  
Google

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barbara Boxer

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17923.87

Disbursement For:  Primary  General  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Joseph Sestek

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 23258.30

Disbursement For:  Primary  General  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

Office Sought:  House State: LA  
 Senate District: 02  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Cedric Richmond

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 3073.84

Disbursement For:  Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

2192.31

(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  
Google

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Kendrick Meek

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 14706.10

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

Office Sought:  House State: CA  
 Senate District: 03  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Ami Bera

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2855.63

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

Office Sought:  House State: IL  
 Senate District: 10  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Dan Seals

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 3012.84

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

2192.31

(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  
Google

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Charlie Crist

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
14706.10

Disbursement For: 2010  
 Primary  General  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Pat Toomey

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
23258.30

Disbursement For: 2010  
 Primary  General  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Marco Rubio

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
14706.10

Disbursement For: 2010  
 Primary  General  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

2192.31

(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  
Google

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

Office Sought:  House State: CA  
 Senate District: 03  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Dan Lungren

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2855.63

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

Office Sought:  House State: IL  
 Senate District: 10  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bob Dold

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 3012.84

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Mailing Address  
PO Box 39000

Amount

730.77

City State Zip Code  
San Francisco CA 94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Carly Fiorina

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 17923.87

Disbursement For:  Primary  General  
2010  
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

2192.31

(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  
Google

Date

/   /

Mailing Address  
PO Box 39000

Amount

730.77

City  
San Francisco

State  
CA

Zip Code  
94139-3181

Purpose of Expenditure  
On-line ads

Category/  
Type

Office Sought:

House

State: LA

House

Senate

District: 02

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Joseph Cao

Calendar Year-To-Date Per Election  
for Office Sought

3073.84

Disbursement For:  
2010

Primary

General

Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

730.77

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

9768.75