

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>NARAL PRO-CHOICE COLORADO IE COMMITTEE</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1905 SHERMAN ST SUITE 800</b>	
(c) City, State and ZIP Code <b>Denver CO 80203</b>	3. FEC Identification Number <b>C</b>
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 16 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

5. COVERING PERIOD:  
 FROM: M M / D D / Y Y Y Y  
 THROUGH: M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS ..... **185,000.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **185,000.00**

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<b>Karen S Middleton</b>	<b>Karen S Middleton</b>	<b>10/29/14</b>

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-A  
ITEMIZED RECEIPTS

PAGE 2 OF 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
NARAL PROCHOICE COLORADO IE COMMITTEE

A. Full Name (Last, First, Middle Initial)  
NEXT GEN CLIMATE ACTION

Mailing Address  
100 13th Street NW #600 COMMITTEE

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee.  
C00547349

Date of Receipt  
10/29/2014

Amount of Each Receipt this Period  
185,000.00

Name of Employer Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer Occupation

SUBTOTAL of Receipts This Page (optional) ..... 185,000.00

TOTAL This Period (last page carry total to Line 6) ..... 185,000.00

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**NARAL PROCHOICE COLORADO IE COMMITTEE**

Full Name (Last, First, Middle Initial) of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <b>10/29/2014</b>
Mailing Address <b>3050 K Street NW Suite 100</b>		Amount <b>185,000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>
Purpose of Expenditure <b>Cable advertising</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CO</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Cory Gardner</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>42346467</b>		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 of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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 of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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.....	<b>185,000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0</b>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>185,000.00</b>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A PREPARER	N/A DATE PREPARED
-----------------	----------------------