

# 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<br>NARAL Pro-Choice America  |   | 3. FEC Identification Number<br><b>C</b> C90004185 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1156 15th Street, NW<br>Suite 700 |   |  |
| (c) City, State and ZIP Code<br>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 |
| 0 | 4 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 2 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

THROUGH

|   |   |
|---|---|
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| 0 | 4 |

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|   |   |
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| D | D |
| 0 | 3 |

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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|  |  |
|--|--|
| 6. TOTAL CONTRIBUTIONS .....           | <input style="width: 90%;" type="text" value="0.00"/>    |
| 7. TOTAL INDEPENDENT EXPENDITURES..... | <input style="width: 90%;" type="text" value="1836.26"/> |

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                            |           | 04/03/2010 |

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  
NARAL Pro-Choice America

Date

/  /

Mailing Address  
1156 15th Street, NW, Suite 700

Amount

918.13

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
List Rental

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Connie Saltonstall

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

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

Date

/  /

Mailing Address  
1156 15th Street, NW, Suite 700

Amount

918.13

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
List Rental

Category/  
Type

Office Sought:  House State: MI  
 Senate District: 01  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Bart Stupak

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

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

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

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