

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 NARAL Pro-Choice America | | 3. FEC Identification Number C C90004185 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1150 15th Street, NW | | |
| (c) City, State and ZIP Code Washington DC 20005 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 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 / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 221215.40

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 |
| Robinson, Kimberly, , , | <i>Robinson, Kimberly, , ,</i> | 10/07/2016 |

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Chong & Koster | | Date of Public Distribution/Dissemination 10 / 05 / 2016 | |
| Mailing Address 1640 Rhode Island Ave NW Ste 600 | | Amount 17721.50 | |
| City Washington | State DC | Zip Code 20036-3229 | |
| Purpose of Expenditure Media time buy & production expense | | Category/ Type | Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: AYOTTE, KELLY A, , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 23382.50 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

Transaction ID : VN7C2A4VPA0

| | | | |
|--|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Chong & Koster | | Date of Public Distribution/Dissemination 10 / 05 / 2016 | |
| Mailing Address 1640 Rhode Island Ave NW Ste 600 | | Amount 27740.50 | |
| City Washington | State DC | Zip Code 20036-3229 | |
| Purpose of Expenditure Media time buy & production expense | | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: HECK, JOE, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 36281.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

Transaction ID : VN7C2A4VPB7

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee Chong & Koster | | Date of Public Distribution/Dissemination 10 / 05 / 2016 | |
| Mailing Address 1640 Rhode Island Ave NW Ste 600 | | Amount 65145.70 | |
| City Washington | State DC | Zip Code 20036-3229 | |
| Purpose of Expenditure Media time buy & production expense | | Category/ Type | Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: TOOMEY, PATRICK JOSEPH, , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 80796.70 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

Transaction ID : VN7C2A4VPC5

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 110607.70 |
| (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 Chong & Koster | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2016 | |
| Mailing Address 1640 Rhode Island Ave NW Ste 600 | | Amount 110607.70 | |
| City Washington | State DC | Zip Code 20036-3229 | Transaction ID : VN7C2A4VPD3 |
| Purpose of Expenditure Media time buy & production expense | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: 00 District: 00 |
| Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, J, , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 140460.20 | | 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..... | 110607.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 221215.40 |