

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 NATIONAL ORGANIZATION FOR MARRIAGE		3. FEC Identification Number C C90011057
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2029 K St., NW Ste. 300		
(c) City, State and ZIP Code WASHINGTON DC 20006		
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 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 / D D / Y Y Y Y

THROUGH

M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

0.00

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

Brian Brown

09/06/2011

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)

NATIONAL ORGANIZATION FOR MARRIAGE

Full Name (Last, First, Middle Initial) of Payee
Spectrum Marketing Companies

Date

/ /

Mailing Address
95 Eddy Rd., Ste. 101

Amount

City State Zip Code
Manchester NH 03102

Purpose of Expenditure
IE-Direct Mail-Weprin

Category/
Type

Office Sought: House State: NY
 Senate
 President District: 09

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID I WEPRIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2011
 Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee
Spectrum Marketing Companies

Date

/ /

Mailing Address
95 Eddy Rd., Ste. 101

Amount

City State Zip Code
Manchester NH 03102

Purpose of Expenditure
IE-Direct Mail-Weprin

Category/
Type

Office Sought: House State: NY
 Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
DAVID I WEPRIN

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2011
 Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee
Spectrum Marketing Companies

Date

/ /

Mailing Address
95 Eddy Rd., Ste. 101

Amount

City State Zip Code
Manchester NH 03102

Purpose of Expenditure
IE-Turner-Direct Mail

Category/
Type

Office Sought: House State: NY
 Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT L TURNER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2011
 Other (specify) Special-General

(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)