

# 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

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5. COVERING PERIOD: FROM 

M	M
1	0

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	0

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	1	0

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6. TOTAL CONTRIBUTIONS ..... 

0.00
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7. TOTAL INDEPENDENT EXPENDITURES..... 

268.74
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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		10/28/2010

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 8 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywritng

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 89.58

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 8 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywritng

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 6852.09

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 8 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywritng

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 132.43

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 8 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywritng

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 89.58

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 8 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywritng

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 18013.45

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 8 / 2 0 1 0

Mailing Address  
1600 Wilson Blvd.  
Suite 300

Amount

41.67

City State Zip Code  
Arlington VA 22209

Purpose of Expenditure  
Copywritng

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 18013.45

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  
Bulletproof

Date

M M / D D / Y Y Y Y  
1 0 / 2 8 / 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 District: 00  
 President

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 89.58

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

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Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 6852.09

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

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City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

Category/  
Type

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

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

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 132.43

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)

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City State Zip Code  
Capitola CA 91560

Purpose of Expenditure  
Proofreading

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 89.58

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

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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 18013.45

Disbursement For:  Primary  General  
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(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 9.36

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

(c) **TOTAL** Independent Expenditures ..... 268.74  
(carry total from last page forward to Line 7)