

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 AUL ACTION, NFP		3. FEC Identification Number C C90011651
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 655 15TH STREET NW SUITE 410		
(c) City, State and ZIP Code WASHINGTON DC 20005		
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
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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. 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
Jeanneane Maxon	<i>Jeanneane Maxon</i>	11/01/2012

[Electronically Filed]

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)
AUL ACTION, NFP

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 972.94 Transaction ID : F57.000001
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ME <input type="checkbox"/> Senate District: 02 <input checked="" type="checkbox"/> President
Purpose of Expenditure Automated Calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 26155.39		

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 1276.63 Transaction ID : F57.000002
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure Automated Calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 26155.39		

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 1276.63 Transaction ID : F57.000003
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Automated Calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 1276.63		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3526.20
(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)
AUL ACTION, NFP

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 2785.16 Transaction ID : F57.000004
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Automated Calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 26155.39		

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 2684.66 Transaction ID : F57.000005
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Automated Calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 26155.39		

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5469.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	8996.02
(carry total from last page forward to Line 7)		