

# 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 <b>AUL ACTION, NFP</b>		3. FEC Identification Number <b>C C90011651</b>
(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. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	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

M M	/	D D	/	Y Y Y Y
10	/	01	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y
12	/	31	/	2012

6. TOTAL CONTRIBUTIONS ..... **.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **54591.29**

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Jeanneane Maxon	<i>Jeanneane Maxon</i>	02/28/2013

*[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 ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 2925.00 <b>Transaction ID : F57.000001</b>
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5034.14		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 2925.00 <b>Transaction ID : F57.000002</b>
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 26155.39		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 688.77 <b>Transaction ID : F57.000003</b>
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Denny Rehberg		Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 688.77		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	6538.77
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> 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 ccAdvertising		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 688.77 <b>Transaction ID : F57.000004</b>
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Artificial Intelligence Call Survey	Office Sought: <input type="checkbox"/> House State: MT <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Category/Type 004	Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26155.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 23 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 2557.12 <b>Transaction ID : F57.000005</b>
City Arlington	State VA	
Zip Code 22201	Purpose of Expenditure Artificial Intelligence Calls	Office Sought: <input type="checkbox"/> House State: NB <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type 004	Name of Federal Candidate Supported or Opposed by Expenditure: Deb Fischer	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 28367.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ccAdvertising		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 2109.14 <b>Transaction ID : F57.000006</b>
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Get Out the Vote Call	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type 004	Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5034.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	5355.03
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> 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 ccAdvertising		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 5900 Fort Drive Suite 302		Amount 2109.14 <b>Transaction ID : F57.000007</b>
City Centreville	State VA	
Zip Code 20121	Purpose of Expenditure Get Out the Vote Calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 26155.39		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Twelve 28 Strategies		Date MM / DD / YYYY 10 / 27 / 2012
Mailing Address 2443 Antler Point Drive		Amount 25810.74 <b>Transaction ID : F57.000008</b>
City Henderson	State NV	
Zip Code 89074	Purpose of Expenditure Candidate Record Mailings	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Deb Fischer		Office Sought: <input type="checkbox"/> House State: NB <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 28367.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 747.51 <b>Transaction ID : F57.000009</b>
City Arlington	State VA	
Zip Code 22201	Purpose of Expenditure Artificial Intelligence Calls	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 26155.39		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	28667.39
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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 / 30 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 2517.04 <b>Transaction ID : F57.000010</b>
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Artificial Intelligence Calls		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Connie Mack		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 2517.04		

Full Name (Last, First, Middle Initial) of Payee Campaign Marketing Strategies		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 3240 Wilson Boulevard Suite 202		Amount 2517.04 <b>Transaction ID : F57.000011</b>
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure Artificial Intelligence 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 972.94 <b>Transaction ID : F57.000012</b>
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: ME <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		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	6007.02
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> 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 1276.63 <b>Transaction ID : F57.000013</b>
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 <b>Transaction ID : F57.000014</b>
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		

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 <b>Transaction ID : F57.000015</b>
City Arlington	State VA	
Zip Code 22201	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CO <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		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	5338.42
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	
(c) <b>TOTAL</b> 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 2684.66 <b>Transaction ID : F57.000016</b>
City Arlington	State VA	
Zip Code 22201		
Purpose of Expenditure Automated Calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 26155.39		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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	2684.66
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	54591.29
(carry total from last page forward to Line 7)		