

# 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<br><b>NARAL Pro-Choice America</b>                                    |   | 3. FEC Identification Number<br><b>C</b> C90004185 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1150 15th Street, NW |   |  |
| (c) City, State and ZIP Code<br>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
- 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

10 / 23 / 2012

THROUGH

10 / 23 / 2012

6. TOTAL CONTRIBUTIONS ..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 6812.25

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**

*[Electronically Filed]*

Kimberly Robinson

Kimberly Robinson

10/23/2012

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<br>Google                     |                   | Date<br>MM / DD / YYYY<br>10 / 23 / 2012   |
| Mailing Address<br>PO Box 39000  |                   | Amount<br>105.00<br><b>Transaction ID : VN7C25Q258</b>   |
| City<br>San Francisco  | State<br>CA       |  |
| Zip Code<br>94139-0001   |                   |  |
| Purpose of Expenditure<br>Online advertising                                   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: DC<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama |                   | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br>1178435.75             |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               |

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Google                    |                   | Date<br>MM / DD / YYYY<br>10 / 23 / 2012   |
| Mailing Address<br>PO Box 39000   |                   | Amount<br>105.00<br><b>Transaction ID : VN7C25Q266</b>   |
| City<br>San Francisco   | State<br>CA       |  |
| Zip Code<br>94139-0001  |                   |  |
| Purpose of Expenditure<br>Online advertising                                  | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: DC<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney |                   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br>1178435.75            |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               |

|   |                   |  |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>NARAL Pro-Choice Foundation |                   | Date<br>MM / DD / YYYY<br>10 / 23 / 2012   |
| Mailing Address<br>1156 15th St NW<br>Ste 700                                   |                   | Amount<br>2200.75<br><b>Transaction ID : VN7C25Q224</b>  |
| City<br>Washington  | State<br>DC       |  |
| Zip Code<br>20005-1727  |                   |  |
| Purpose of Expenditure<br>List rental   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: DC<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Mitt Romney   |                   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br>1178435.75              |                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               |

|   |   |         |
|---|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....   | ▶ | 2410.75 |
| (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)  
NARAL Pro-Choice America

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br>NARAL Pro-Choice Foundation |  | Date<br>MM / DD / YYYY<br>10 / 23 / 2012   |
| Mailing Address<br>1156 15th St NW<br>Ste 700                                   |  | Amount<br>2200.75<br><b>Transaction ID : VN7C25Q232</b>  |
| City<br>Washington  | State<br>DC  |  |
| Zip Code<br>20005-1727  | Purpose of Expenditure<br>List rental  |  |
| Category/Type   | Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: MO<br>District: 00  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Todd Akin     |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br>24613.94                |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br>NARAL Pro-Choice Foundation |  | Date<br>MM / DD / YYYY<br>10 / 23 / 2012   |
| Mailing Address<br>1156 15th St NW<br>Ste 700                                   |  | Amount<br>2200.75<br><b>Transaction ID : VN7C25Q240</b>  |
| City<br>Washington  | State<br>DC  |  |
| Zip Code<br>20005-1727  | Purpose of Expenditure<br>List rental  |  |
| Category/Type   | Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: DC<br>District: 00  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Barack Obama  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br>1178435.75              |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee               |   | Date<br>MM / DD / YYYY  |
| Mailing Address  |   | Amount  |
| City   | State   |   |
| Zip Code   | Purpose of Expenditure  |   |
| Category/Type  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: _____<br>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<br><input type="checkbox"/> Other (specify) |

|   |   |         |
|---|---|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....   | ▶ | 4401.50 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... | ▶ |         |
| (c) <b>TOTAL</b> Independent Expenditures .....                 | ▶ | 6812.25 |

(carry total from last page forward to Line 7)