

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1150 15th Street, NW		
(c) City, State and ZIP Code Washington DC 20005		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
07		01		2016

THROUGH

M M	/	D D	/	Y Y Y Y
09		30		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	59705.00

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Robinson, Kimberly, , ,

Robinson, Kimberly, , ,

10/15/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee Chong & Koster		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1640 Rhode Island Ave NW Ste 600		Amount 5661.00	
City Washington	State DC	Zip Code 20036-3229	
Purpose of Expenditure Media time buy & production expense		Category/ Type	Transaction ID : VN7C2A4VP34
Name of Federal Candidate Supported or Opposed by Expenditure: AYOTTE, KELLY A, ,		Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Chong & Koster		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1640 Rhode Island Ave NW Ste 600		Amount 8540.50	
City Washington	State DC	Zip Code 20036-3229	
Purpose of Expenditure Media time buy & production expense		Category/ Type	Transaction ID : VN7C2A4VP50
Name of Federal Candidate Supported or Opposed by Expenditure: HECK, JOE, , ,		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Chong & Koster		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1640 Rhode Island Ave NW Ste 600		Amount 15651.00	
City Washington	State DC	Zip Code 20036-3229	
Purpose of Expenditure Media time buy & production expense		Category/ Type	Transaction ID : VN7C2A4VP68
Name of Federal Candidate Supported or Opposed by Expenditure: TOOMEY, PATRICK JOSEPH, , ,		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	29852.50
(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 Chong & Koster		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1640 Rhode Island Ave NW Ste 600		Amount 29852.50	
City Washington	State DC	Zip Code 20036-3229	Transaction ID : VN7C2A4VP92
Purpose of Expenditure Media time buy & production expense	Category/ Type	Office Sought: <input type="checkbox"/> House State: 00 <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD, J, ,		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		29852.50	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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	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			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
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	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.....	29852.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	59705.00