

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 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. 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
Kimberly Robinson	<i>Kimberly Robinson</i>	06/21/2013

[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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N
Transaction ID :

24-hour reported expenditures are estimated amounts

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 06 / 20 / 2013
Mailing Address 1156 15th St NW Ste 700		Amount 44.56 Transaction ID : VN7C29J6V88
City Washington	State DC	
Purpose of Expenditure List rental	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ed Markey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 55813.22		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 06 / 20 / 2013
Mailing Address 1156 15th St NW Ste 700		Amount 44.57 Transaction ID : VN7C29J6V95
City Washington	State DC	
Purpose of Expenditure List rental	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 55813.22		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
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) SUBTOTAL of Itemized Independent Expenditures.....	89.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	89.13