

# 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>NARAL Pro-Choice America</b>		3. FEC Identification Number <b>C C90004185</b>
(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. <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

/  /

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Kimberly Robinson	<i>Kimberly Robinson</i>	04/24/2013

*[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 :

Expenditures reported on this report 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 Enterprise Rent a Car		Date MM / DD / YYYY 04 / 24 / 2013
Mailing Address 6 Tomahawk Dr 6 Tomahawk Drive		Amount 1175.36 <b>Transaction ID : VN7C29HEMW3</b>
City Boston	State MA	
Purpose of Expenditure Door to Dor Canvass	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 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date MM / DD / YYYY 04 / 24 / 2013
Mailing Address 114 Mansfield Hollow Rd # A		Amount 1510.00 <b>Transaction ID : VN7C29HEMX0</b>
City Mansfield Center	State CT	
Purpose of Expenditure Printing	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 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date MM / DD / YYYY 04 / 24 / 2013
Mailing Address 114 Mansfield Hollow Rd # A		Amount 1510.00 <b>Transaction ID : VN7C29HEMY8</b>
City Mansfield Center	State CT	
Purpose of Expenditure Printing	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: Stephen F Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	4195.36
(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 NARAL Pro-Choice Foundation		Date MM / DD / YYYY 04 / 22 / 2013
Mailing Address 1156 15th St NW Ste 700		Amount 44.56 <b>Transaction ID : VN7C29HEMQ3</b>
City Washington	State DC	
Zip Code 20005-1727	Purpose of Expenditure List rental	
Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 00
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 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 04 / 22 / 2013
Mailing Address 1156 15th St NW Ste 700		Amount 44.56 <b>Transaction ID : VN7C29HEMR1</b>
City Washington	State DC	
Zip Code 20005-1727	Purpose of Expenditure List rental	
Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Stephen F Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 04 / 24 / 2013
Mailing Address 1156 15th St NW Ste 700		Amount 10.75 <b>Transaction ID : VN7C29HEMS9</b>
City Washington	State DC	
Zip Code 20005-1727	Purpose of Expenditure List rental	
Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: 00
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 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	99.87
(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 NARAL Pro-Choice Foundation		Date MM / DD / YYYY 04 / 24 / 2013
Mailing Address 1156 15th St NW Ste 700		Amount 10.75 <b>Transaction ID : VN7C29HEMT7</b>
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: Stephen F Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee Winning Connection		Date MM / DD / YYYY 04 / 22 / 2013
Mailing Address 317 Pennsylvania Ave SE		Amount 4731.00 <b>Transaction ID : VN7C29HEMN7</b>
City Washington	State DC	
Purpose of Expenditure Telemarketing	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 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee Winning Connection		Date MM / DD / YYYY 04 / 22 / 2013
Mailing Address 317 Pennsylvania Ave SE		Amount 4731.00 <b>Transaction ID : VN7C29HEMP5</b>
City Washington	State DC	
Purpose of Expenditure Telemarketing	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: Stephen F Lynch		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	9472.75
(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 XO Communications		Date MM / DD / YYYY 04 / 11 / 2013
Mailing Address 8851 S Sandy Pkwy		Amount 187.80 <b>Transaction ID : VN7C29HEMV5</b>
City Sandy	State UT	
Zip Code 84070-6408	Purpose of Expenditure Telemarketing	
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 48279.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special Primary

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City		State
Zip Code		Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/ Type		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) <input type="checkbox"/> Special Primary
Calendar Year-To-Date Per Election for Office Sought		

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City		State
Zip Code		Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/ Type		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) <input type="checkbox"/> Special Primary
Calendar Year-To-Date Per Election for Office Sought		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	187.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	13955.78
(carry total from last page forward to Line 7)		