

**REPORT OF COMMUNICATION COSTS
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

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1. (a) NAME OF ORGANIZATION NARAL Pro-Choice America 1155 15th Street, NW Suite 700 (b) ADDRESS (Number and Street)	2. IDENTIFICATION NUMBER (Assigned by FEC) C70002761
Washington, DC 20005 (c) CITY, STATE AND ZIP CODE	3. TYPE OF ORGANIZATION (Check all that apply) <input type="checkbox"/> Corporation <input type="checkbox"/> Trade Association <input type="checkbox"/> Labor Organization <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Membership Organization <input type="checkbox"/> Corporation without capital stock

4. TYPE OF REPORT (Check One):
(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☒ October 15 Quarterly Report
☐ 12 Day Pre-General Election Report held on _____ in the State of _____
(date)
☐ January 31 Year End Report

(b) Is this Report an Amendment? ☒ YES ☐ NO

5. THIS REPORT COVERS THE PERIOD 7/1/2013 THROUGH 9/30/2013

SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members				See Attached	
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ 21,409.44

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

Kimberly Robinson

Type or Print Name

Kimberly Robinson

Signature and Title of Person Designated to Sign This Report

10/15/2013

Date

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

WHERE TO FILE:

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

FOR FURTHER INFORMATION CONTACT:

Federal Election Commission
Toll Free: 800-424-9530
Local: 202-694-1100

NARAL Pro-Choice America

Form 7

Amended

Period: 7/1/2013 through 9/30/2013

Communication Type	Class or Category Communicated with	Date of Communication	Supp/Opp	Candidate Name	Office Sought	State	District	Primary/General	Total Cost
Mailing	Member	09/09/13	O	Steve King	USHR	IA	04	Primary	21,409.44

\$21,409.44

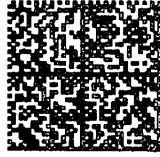
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NARAL
Pro-Choice America®

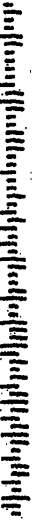
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	11/4/13 DATE PREPARED

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