

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 1156 15th Street, NW Suite 700		
(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 24-Hour Notice 48-Hour Notice
 July 15 Quarterly Report
 October Quarterly Report
 January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
0	1

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

12497.53

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a 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

04/01/2010

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
Adams, Hussey & Associates

Date

/ /

Mailing Address
1600 Wilson Blvd.
Suite 300

Amount

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Creative design

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Adams, Hussey & Associates

Date

/ /

Mailing Address
1600 Wilson Blvd.
Suite 300

Amount

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Creative design

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Adams, Hussey & Associates

Date

/ /

Mailing Address
1600 Wilson Blvd.
Suite 300

Amount

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Creative design

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

(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
Adams, Hussey & Associates

Date

M M / D D / Y Y Y Y
03 / 31 / 2010

Mailing Address
1600 Wilson Blvd.
Suite 300

Amount

848.05

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Creative design

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Tri-State

Date

M M / D D / Y Y Y Y
03 / 31 / 2010

Mailing Address
PO Box 433

Amount

93.28

City State Zip Code
Beltsville MD 20704

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Tri-State

Date

M M / D D / Y Y Y Y
03 / 31 / 2010

Mailing Address
PO Box 433

Amount

93.28

City State Zip Code
Beltsville MD 20704

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

1034.61

(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
Tri-State

Date

M M / D D / Y Y Y Y
03 / 31 / 2010

Mailing Address
PO Box 433

Amount

202.19

City State Zip Code
Beltsville MD 20704

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Tri-State

Date

M M / D D / Y Y Y Y
03 / 31 / 2010

Mailing Address
PO Box 433

Amount

202.18

City State Zip Code
Beltsville MD 20704

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
OmniPrint

Date

M M / D D / Y Y Y Y
03 / 31 / 2010

Mailing Address
9700 Philadelphia Court

Amount

199.18

City State Zip Code
Lanham MD 20706

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures

603.55

(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
OmniPrint

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
9700 Philadelphia Court

Amount

199.18

City State Zip Code
Lanham MD 20706

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Lithotech

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8245-C Backlick Road

Amount

281.60

City State Zip Code
Lorton VA 22079

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Lithotech

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8245-C Backlick Road

Amount

281.60

City State Zip Code
Lorton VA 22079

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
2101
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

762.38

(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
Lithotech

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8245-C Backlick Road

Amount

247.50

City State Zip Code
Lorton VA 22079

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Lithotech

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8245-C Backlick Road

Amount

247.50

City State Zip Code
Lorton VA 22079

Purpose of Expenditure
Printing

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
ProList

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8341 Beechcraft Avenue

Amount

1397.49

City State Zip Code
Gaithersburg MD 20879

Purpose of Expenditure
Printing & postage

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

1892.49

(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
ProList

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8341 Beechcraft Avenue

Amount

1397.49

City State Zip Code
Gaithersburg MD 20879

Purpose of Expenditure
Printing & postage

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
ProList

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8341 Beechcraft Avenue

Amount

2400.20

City State Zip Code
Gaithersburg MD 20879

Purpose of Expenditure
Printing & postage

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
2010
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
ProList

Date

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Mailing Address
8341 Beechcraft Avenue

Amount

2400.20

City State Zip Code
Gaithersburg MD 20879

Purpose of Expenditure
Printing & postage

Category/
Type

Office Sought: House State: MI
 Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 29260.42

Disbursement For: Primary General
2010
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

6197.89

(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
Bulletproof

Date

/ /

Mailing Address
1840 41st Street Ave 102-333

Amount

City State Zip Code
Capitola CA 91560

Purpose of Expenditure
Proofreading

Category/
Type

Office Sought: House State: MI
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Connie Saltonstall

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Bulletproof

Date

/ /

Mailing Address
1840 41st Street Ave 102-333

Amount

City State Zip Code
Capitola CA 91560

Purpose of Expenditure
Proofreading

Category/
Type

Office Sought: House State: MI
House Senate District: 01
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Bart Stupak

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)