

# 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 <b>C</b> 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. <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  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  /  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES.....

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

09/17/2010

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  
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y  
09 / 17 / 2010

Mailing Address  
1156 15th Street, NW, Suite 700

Amount

8.75

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
List rental

Category/  
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:  
Coleen Hanabusa

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 8.75

Disbursement For:  Primary  General  
2010  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y  
09 / 17 / 2010

Mailing Address  
1156 15th Street, NW, Suite 700

Amount

9.25

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
List rental

Category/  
Type

Office Sought:  House State: CA  
 Senate District: 00  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barbara Boxer

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 4900.06

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

Date

M M / D D / Y Y Y Y  
09 / 17 / 2010

Mailing Address  
.

Amount

349.94

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
Postage

Category/  
Type

Office Sought:  House State: CA  
 Senate District: 00  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barbara Boxer

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 4900.06

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

367.94

(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  
Speedway Printing

Date

/   /

Mailing Address  
300 Pine Street

Amount

595.13

City State Zip Code  
San Francisco CA 94104

Purpose of Expenditure  
Printing

Category/  
Type

Office Sought:  House State: CA  
 Senate  
 President District: 00

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barbara Boxer

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 4900.06

Disbursement For:  Primary  General  
2010  
 Other (specify)

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

595.13

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

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

963.07