

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | |
|--|--|--|
| 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. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 12289.87

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.

| | | |
|---|--|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Kimberly Robinson | <i>Kimberly Robinson</i> [Electronically Filed] | 02/10/2016 |

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

| | | | |
|---|---------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee New Media Firm | | Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2016 | |
| Mailing Address 1730 Rhode Island Ave NW | | Amount 12289.87 | |
| City Washington | State DC | Zip Code 20036-3101 | Transaction ID : VN7C2A0SKM6 |
| Purpose of Expenditure Online advertising | Category/Type | Office Sought: <input type="checkbox"/> House State: 00 <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: MARCO RUBIO | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Calendar Year-To-Date Per Election for Office Sought | | 27363.42 | |

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

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

| | |
|--|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 12289.87 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 12289.87 |