

# 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 NATIONAL ORGANIZATION FOR MARRIAGE		3. FEC Identification Number <b>C</b> C90011057
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1100 H 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 

M	M
1	0

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	9

THROUGH

M	M
1	0

 / 

D	D
3	1

 / 

Y	Y	Y	Y
2	0	0	9

6. TOTAL CONTRIBUTIONS ..... 

.00
-----

7. TOTAL INDEPENDENT EXPENDITURES..... 

35595.88
----------

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
Emmett McGroarty		10/30/2009

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)

NATIONAL ORGANIZATION FOR MARRIAGE

Full Name (Last, First, Middle Initial) of Payee  
Capitol Resources, Inc.

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Mailing Address  
700 East Pleasant Street PO 257

Amount

5019.95

City State Zip Code  
Brooklyn IA 52211

Purpose of Expenditure  
phone calls - political

Category/  
Type

Office Sought:  House State: NY  
 Senate District: 23  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Doug Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 80395.20

Disbursement For:  Primary  General  
2009  
 Other (specify) Special

Full Name (Last, First, Middle Initial) of Payee  
The Printing Express

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Mailing Address  
PO Box 1975

Amount

10496.77

City State Zip Code  
Harrisonburg VA 22801

Purpose of Expenditure  
Hoffman Issues

Category/  
Type

Office Sought:  House State: NY  
 Senate District: 23  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Doug Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 90891.97

Disbursement For:  Primary  General  
2009  
 Other (specify) Special

Full Name (Last, First, Middle Initial) of Payee  
Schubert Flint

Date

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Mailing Address  
1415 L Street  
Suite 1250

Amount

20000.00

City State Zip Code  
Sacramento CA 95814

Purpose of Expenditure  
Online Advertising

Category/  
Type

Office Sought:  House State: NY  
 Senate District: 23  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Doug Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 110891.97

Disbursement For:  Primary  General  
2009  
 Other (specify) Special

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

35516.72

(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)

NATIONAL ORGANIZATION FOR MARRIAGE

Full Name (Last, First, Middle Initial) of Payee  
National Organization for Marriage

Date

/   /

Mailing Address  
1100 H ST NW  
Suite 700

Amount

79.16

City State Zip Code  
Washington DC 20005

Purpose of Expenditure  
blast email - list - FMV

Category/  
Type

Office Sought:  House State: NY  
House  Senate District: 23  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Doug Hoffman

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 110971.13

Disbursement For:  Primary  General  
 Other (specify) Special

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

79.16

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

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

35595.88