

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) ☐ check if different than previously reported 815 16TH STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☐ Yes ☒ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

03 / 08 / 2012
 THROUGH
03 / 23 / 2012

6. TOTAL CONTRIBUTIONS

0

7. TOTAL INDEPENDENT EXPENDITURES

2981.63

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. 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

[Electronically Filed]

Kimberly Robinson

Kimberly Robinson

03/23/2012

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 EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 03 / 09 / 2012	
Mailing Address 1156 15th Street,NW		Amount 372.12 Transaction ID : D1718	
City Washington	State DC		
Purpose of Expenditure List rental	Category/ Type	Office Sought: ☐ House ☐ Senate ☒ President State: DC District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 03 / 09 / 2012	
Mailing Address 1156 15th Street,NW		Amount 372.13 Transaction ID : D1719	
City Washington	State DC		
Purpose of Expenditure List rental	Category/ Type	Office Sought: ☐ House ☐ Senate ☒ President State: DC District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Google		Date MM / DD / YYYY 03 / 19 / 2012	
Mailing Address PO Box 39000		Amount 95 Transaction ID : D1720	
City San Francisco	State CA		
Purpose of Expenditure Onlind ads	Category/ Type	Office Sought: ☐ House ☐ Senate ☒ President State: DC District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	839.25
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee Google		Date MM / DD / YYYY 03 / 19 / 2012	
Mailing Address PO Box 39000		Amount 95	
City San Francisco	State CA	Zip Code 94139-3181	Transaction ID : D1721
Purpose of Expenditure Onlind ads	Category/ Type	Office Sought: ☐ House ☐ Senate ☒ President	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Google		Date MM / DD / YYYY 03 / 20 / 2012	
Mailing Address PO Box 39000		Amount 95	
City San Francisco	State CA	Zip Code 94139-3181	Transaction ID : D1722
Purpose of Expenditure Onlind ads	Category/ Type	Office Sought: ☐ House ☐ Senate ☒ President	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Google		Date MM / DD / YYYY 03 / 20 / 2012	
Mailing Address PO Box 39000		Amount 95	
City San Francisco	State CA	Zip Code 94139-3181	Transaction ID : D1723
Purpose of Expenditure Onlind ads	Category/ Type	Office Sought: ☐ House ☐ Senate ☒ President	State: DC District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Santorum		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General 2012 ☐ Other (specify) ▶	

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

285.00

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

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee Misson Control		Date MM / DD / YYYY 03 / 23 / 2012	
Mailing Address 201 Adams Street		Amount 1857.38 Transaction ID : D1724	
City Manchester	State CT		
Purpose of Expenditure Postage & Printing	Category/ Type	Office Sought: ☐ House State: DC ☐ Senate District: 00 ☒ President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 263660.73		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		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		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		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.....		1857.38	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		2981.63	