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

(b) Address (number and street) ☐ check if different than previously reported

1150 15th Street, NW

(c) City, State and ZIP Code

Washington DC 20005

3. FEC Identification Number

C C90004185

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 M M / D D / Y Y Y Y 06 / 18 / 2013

THROUGH 06 / 18 / 2013

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 1525.00

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
Kimberly Robinson	*[Electronically Filed]* *Kimberly Robinson*	06/19/2013

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F5N**
Transaction ID :

24-hour reported amounts are estimates.

Form/Schedule:
Transaction ID:

Image# 13962959530

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address 1600 Wilson Blvd
Ste 710

City: Arlington | State: VA | Zip Code: 22209-2505

Date: 06 / 18 / 2013

Amount: 875.00

Transaction ID : VN7C29J6EJ8

Purpose of Expenditure: Copy, art & production

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure:
Ed Markey

Office Sought: [ ] House [X] Senate [ ] President — State: MA — District: 00

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 55724.09

Disbursement For: [ ] Primary [ ] General [X] 2014 Other (specify) ▶ Special

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

Mailing Address 1156 15th St NW
Ste 700

City: Washington | State: DC | Zip Code: 20005-1727

Date: 06 / 18 / 2013

Amount: 650.00

Transaction ID : VN7C29J6EK6

Purpose of Expenditure: List rental

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure:
Ed Markey

Office Sought: [ ] House [X] Senate [ ] President — State: MA — District: 00

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 55724.09

Disbursement For: [ ] Primary [ ] General [X] 2014 Other (specify) ▶ Special

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

Mailing Address

City | State | Zip Code

Date: M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

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 ▶ 1525.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 1525.00
(carry total from last page forward to Line 7)