

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 <div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px;"> C </div> C90004185 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1150 15th Street, NW			
(c) City, State and ZIP Code <div style="display: flex; justify-content: space-between;"> Washington DC 20005 </div>			
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.....

7. TOTAL INDEPENDENT EXPENDITURES

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 _____

[Electronically Filed]

Robinson, Kimberly, , ,

Robinson, Kimberly, , ,

06/12/2017

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice AmericaFull Name (Last, First, Middle Initial) of Payee
Gumbinner Davies & Simpson

Date of Public Distribution/Dissemination

MM / DD / YYYY
06 / 12 / 2017Mailing Address
2001 S St NW
Ste 301

Amount

City State Zip Code
Washington DC 20009-1164

9677.89

Transaction ID : VN7C2A8KJB3

Purpose of Expenditure
Printing and postageCategory/
TypeOffice Sought: ☒ House State: GA
☐ Senate District: 06
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
HANDEL, KAREN CHRISTINE, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 65676.95Disbursement For: ☐ Primary ☐ General
2017
☒ Other (specify) Run-off General

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

Date of Public Distribution/Dissemination

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

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

Date of Public Distribution/Dissemination

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 9677.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures..... 9677.89
(carry total from last page forward to Line 7)