

# 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 <b>NARAL Pro-Choice America</b>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW			
(c) City, State and ZIP Code Washington DC 20005			3. FEC Identification Number <div> <div>C</div> <div>C90004185</div> </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, , ,*

07/15/2018

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**PAGE 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

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 18 / 2018Mailing Address 2001 S St NW  
Ste 301

Amount

City State Zip Code  
Washington DC 20009-1164

21159.72

Transaction ID : VN7C2AAEMV0

Purpose of Expenditure  
Printing & postageCategory/  
TypeOffice Sought: ☒ House State: CA  
☐ Senate District: 25  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Hill, Katherine, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought 21159.72Disbursement For: ☒ Primary ☐ General  
2018  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Waterfront Strategies

Date of Public Distribution/Dissemination

MM / DD / YYYY  
05 / 05 / 2018Mailing Address 3050 K St NW  
Ste 100

Amount

City State Zip Code  
Washington DC 20007-5161

52000.00

Transaction ID : VN7C2AAC914

Purpose of Expenditure  
Media time buy and productionCategory/  
TypeOffice Sought: ☒ House State: PA  
☐ Senate District: 07  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
MORGANELLI, JOHN, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 52000.00Disbursement For: ☒ Primary ☐ General  
2018  
☐ Other (specify) ▶

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

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.....▶ 73159.72

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

(c) TOTAL Independent Expenditures.....▶ 73159.72  
(carry total from last page forward to Line 7)