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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

		Organization or Corporation	during Quarifica Noi				
	ARAL Pro-Choice						
1 1/	THE PROPERTY OF THE PROPERTY O	3 / unonod					
	(b) Address (number ar	nd street) check if different than previou	sly reported				
	815 16TH STREET N	V					
	(a) City State and ZID	2ada		3 FFC Ide	entification Number		
	(c) City, State and ZIP	ode		0. 1 E0 ldc	Thineation runner		
	WASHINGTON	1	DC 20006				
2.	Corporate filers only			C C9000)4185		
		Is the filer a qualified nonprofit corporation	? X Yes	No			
	Individual filers only	Name of Employer		Occupation			
	4. TYPE OF RE	PORT (check appropriate boxes):					
	(a) April 1	5 Quarterly Report					
	July 1	5 Quarterly Report	O4 Hour Bond	a ut			
	October 15 Quarterly Report			JIL			
	_		_				
	Janua	ry 31 Year-End Report	X 48-Hour Repo	rt			
	5. COVERING I	03 / 26 / THROUGH 03 / 29 /	2012 Y Y Y Y Y 2012				
	6. TOTAL CON	TRIBUTIONS			0		
	7. TOTAL INDE	PENDENT EXPENDITURES			7269.88		
Un	der penalty of periury I certify	that the independent expenditures reported herein we	re not made in cooperation	, consultation, or concert with or	at the request or		
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	[Electronically Filed]	DATE		
Kimberly Robinson			Kimberly Robinson		03/29/2012		
	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

5PG021 FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) NARAL Pro-Choice America			
Full Name (Last, First, Middle Initial) of Payee		Date	
Google		03 27 2012	
Mailing Address PO Box 39000		03 27 2012	
		Amount	
City	State Zip Code	95	
San Francisco	CA 94139-3181	Transaction ID : D1725	
Purpose of Expenditure Online advertising	Category/ Type	Office Sought: House State: DC Senate 00	
Name of Federal Candidate Supported or Opp	osed by Expenditure:	Senate District: 00 President	
Mitt Romney	Education 2 September 2	Check One: Support Oppose	
		Disbursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought	270930.61	Other (specify)	
-		Other (specify)	
Full Name (Last, First, Middle Initial) of Payee		Date	
Google		03 27 2012	
Mailing Address PO Box 39000		Amount	
City	State Zip Code	Amount	
San Francisco	CA 94139-3181	95	
Purpose of Expenditure		Transaction ID : D1726 Office Sought: House State DC	
Online advertising	Category/ Type	Senate 00	
Name of Federal Candidate Supported or Opp	President District:		
Rick Santorum		Check One: Support Oppose	
Calendar Year-To-Date Per Election		Disbursement For: Y Primary General	
for Office Sought	270930.61	2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee		Date	
NARAL Pro-Choice Foundation		M = M / D = D / Y = Y = Y	
Mailing Address 4456 45th Street NW		03 29 2012	
1156 15th Street,NW		Amount	
City	State Zip Code	7070 00	
Washington	DC 20005	7079.88 Transaction ID : D1727	
Purpose of Expenditure	Category/	Office Sought: House State: DC	
List rental	Type	Senate District: 00	
Name of Federal Candidate Supported or Opp	osed by Expenditure:	President	
Mitt Romney		Check One: Support Oppose	
Calendar Year-To-Date Per Election	070000 04	Disbursement For: Primary General	
for Office Sought	270930.61	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expen	·· ▶ 7269 <u>.</u> 88		
(b) SUBTOTAL of Unitemized Independent Exp	penditures	· •	
(a) TOTAL Indonesident Every diturns			
(c) TOTAL Independent Expenditures(carry total from last page forward to	7269.88		