

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 1150 15th Street, NW		
(c) City, State and ZIP Code Washington DC 20005		
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

10 / **12** / **2012**
 THROUGH
10 / **12** / **2012**

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

7970.38

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

10/12/2012

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 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams & Hussey		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 1600 Wilson Blvd Ste 710		Amount 437.50	
City Arlington	State VA	Zip Code 22209-2505	
Purpose of Expenditure Copy, art & production		Category/ Type	Transaction ID : VN7C251BH7
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: ☐ House State: DC ☐ Senate District: 00 ☒ President	
Calendar Year-To-Date Per Election for Office Sought 645888.11		Check One: ☐ Support ☒ Oppose	
		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams & Hussey		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 1600 Wilson Blvd Ste 710		Amount 437.50	
City Arlington	State VA	Zip Code 22209-2505	
Purpose of Expenditure Copy, art & production		Category/ Type	Transaction ID : VN7C251BJ5
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: ☐ House State: DC ☐ Senate District: 00 ☒ President	
Calendar Year-To-Date Per Election for Office Sought 645888.11		Check One: ☒ Support ☐ Oppose	
		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 1156 15th St NW Ste 700		Amount 15.50	
City Washington	State DC	Zip Code 20005-1727	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : VN7C251BE3
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: ☐ House State: DC ☐ Senate District: 00 ☒ President	
Calendar Year-To-Date Per Election for Office Sought 645888.11		Check One: ☒ Support ☐ Oppose	
		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	890.50
(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 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 1156 15th St NW Ste 700		Amount 3539.94	
City Washington	State DC	Zip Code 20005-1727	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : VN7C251BF1
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: ☐ House State: DC ☐ Senate District: 00 ☒ President Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 645888.11		Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice Foundation		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 1156 15th St NW Ste 700		Amount 3539.94	
City Washington	State DC	Zip Code 20005-1727	
Purpose of Expenditure List rental		Category/ Type	Transaction ID : VN7C251BG9
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: ☐ House State: DC ☐ Senate District: 00 ☒ President Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 645888.11		Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
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.....		7079.88	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		7970.38	