08/12/2020 12 : 31

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation Wisconsin Family Action, INC	
(b) Address (number and street) check if different than previously reported 2801 International Ln STE 112	
(c) City, State and ZIP Code Madison WI 53704 2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C C90013947
2. Goodpation and Name of Employer (for individual Filoro 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	M / D D / Y B Y B Y B Y
5. COVERING PERIOD: FROM 08 / 01 / 2020 THROUGH 08 / 12 / 2020	
6. TOTAL CONTRIBUTIONS	.00
7. TOTAL INDEPENDENT EXPENDITURES	24784.37
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation of, any candidate or authorized committee or agent of either, or any political party committee or its agent.	, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE ectronically Filed]
Harrison, Leslie, , , Harrison, Leslie, , ,	08/12/2020
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	o 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 EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)						
Visconsin Family Action, INC						
Full Name (Last, First, Middle Initial) of	f Payee			Date of Pul	blic Distribution/	Dissemination
Weidenworks				M M M	/ D D /	2020
Mailing Address 4730 PORTAGE TRA	AIL			Amount	النب	2020
	Ctoto	The Oada		Amount		
City MELBOLIPNE	State	Zip Code			4	60.00
MELBOURNE	FL	32940			on ID : F57.0000	
Purpose of Expenditure Postcard Design		Category/ Type 004	Отпс	e Sought:	House Senate	State:
Name of Federal Candidate Supported Trump, Donald, , ,	I or Opposed by Expend	liture:	Che	ck One:	X President X Support	Oppose
						✗ General
Calendar Year-To-Date Per Election for Office Soug		60.00	DISDI	ursement For 2020 Other (s	r: Primary specify)	X General
Full Name (Last, First, Middle Initial) or	of Payee			Date of Pul	blic Distribution/	Dissemination
Images Plus				М = М	/ D D /	Y Y Y Y Y
Mailing Address 4441 Robertson Rd				08	10	2020
				Amount		
City	State	Zip Code				5354.15
Madison	WI	53714		Transactio	on ID : F57.0000)02
Purpose of Expenditure Printing Cost		Category/ Type 004	Offic	ce Sought:	House Senate	State:
Name of Federal Candidate Supported Trump, Donald, , ,	I or Opposed by Expend	liture:	Che	ck One:	PresidentSupport	District:
Calendar Year-To-Date Per Electio for Office Sough		5414.15	Disbu	ursement For 2020 Other (s		x General
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination			
Uline	•			M M M 08	/ 10 /	2020
Mailing Address 12355 Uline Way				Amount	لتنال	
City	State	Zip Code		7 1110 0.1.1		
Kenosha	WI	53144				740.44
					on ID : F57.0000	
Purpose of Expenditure Supplies		Category/ Type 006	Office	e Sought:	House Senate	State:
Name of Federal Candidate Supported Trump, Donald, , ,	I or Opposed by Expend	liture:	Chec	ck One:	X President X Support	Oppose
Calendar Year-To-Date Per Electic for Office Soug		6154.59	Dispi	ursement For 2020 Other (s	r: Primary specify)	✗ General
(a) SUBTOTAL of Itemized Independen	nt Expenditures		······ >			6154.59
(b) SUBTOTAL of Unitemized Independ	dent Expenditures					
(c) TOTAL Independent Expenditures (carry total from last page for			······ >			
(bally total from last page ion	Walu to Line 1)					

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

ME OF FILER (In Full)							
isconsin Family Action, INC							
Full Name (Lost First Middle Initial) of Par				T			
Full Name (Last, First, Middle Initial) of Pay United State Postal Service	/ee			Date of Public Distribution/Dissemination			
				08	10	2020	
Mailing Address 3902 Milwaukee St					لــــنــا لـ	2020	
				Amount			
City	State	Zip Code				17500.00	
Madison	WI	53714		Transacti	on ID : F57.0000		
Purpose of Expenditure		Category/	Offi	ice Sought:	House	State:	
Postage		Type 006			Senate		
Name of Federal Candidate Supported or 0	Opposed by Expend	_l liture:			x President	District:	
Trump, Donald, , ,			Che	eck One:	X Support	Oppose	
Calendar Year-To-Date Per Election		23654.59	Dist	bursement For 2020		✗ General	
for Office Sought		, 2000-1.00	-	Other ((specify)		
Full Name (Last, First, Middle Initial) of Pag	yee			Date of Pu	blic Distribution/	Dissemination	
Stamps.com				M = M	/ D D /	Y Y Y Y Y	
Mailing Address 1990 E. Grand Ave				08	10	2020	
1990 E. Gianu Ave				Amount			
City	State	Zip Code		Amount			
•		•				1129.78	
El Segundo	CA	90245			on ID : F57.0000)05	
Purpose of Expenditure Postage		Category/	Offi	ice Sought:	House	State:	
		туре			Senate	District:	
Name of Federal Candidate Supported or (Opposed by Expend	iture:			X President		
Trump, Donald, , ,			Che	eck One:	x Support	Oppose	
Onlandor Voor To Data Per Election			Disl	bursement Fo		★ General	
Calendar Year-To-Date Per Election for Office Sought		24784.37		2020		*	
				<u> </u>			
Full Name (Last, First, Middle Initial) of Pay	yee			Date of Pu	blic Distribution/	Dissemination	
				M = M	/ D D /	YIYIY	
Mailing Address					النال		
				Amount			
City	State	Zip Code		1			
·					<u></u>		
Purpose of Expenditure		Cotoconyl	Offi	ce Sought:	House	01-1	
Turpose of Experience.		Category/ Type	J	ce oougii.	Senate	State:	
Name of Fodoval Condidate Supported or	Opposed by Evpond				President	District:	
Name of Federal Candidate Supported or 0	Jpposed by Expend	iture:	Chr	l- Ona-	\equiv	0,,,,,,,,	
			Une	eck One:	Support	Oppose	
Calendar Year-To-Date Per Election			Dist	bursement Fo	r: Primary	General	
for Office Sought			_ _	Other ((specify)		
(a) SUBTOTAL of Itemized Independent Ex	penditures		·····•			18629.78	
			-		7	10020.10	
(b) SUBTOTAL of Unitemized Independent	Expenditures						
	Enponent					للحب	
(c) TOTAL Independent Expenditures						24704.07	
(carry total from last page forward						24784.37	