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FACSIMILE COVER SHEET

DATE: November 7, 2012

TO: Federal Election Commission

FAX NO.: (202) 219-0174

FROM: Ieralyn B. Wendelberger

RE: Form 5, 24-hour report for expenditures made

MESSAGE: Planned Parenthood Advocates of Wisconsin filing FEC Form 5 for 24-hour reporting of expenditures.

NUMBER OF PAGES INCLUDING COVER SHEET: 3

HARD COPY TO FOLLOW VIA MAIL: Yes No X

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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

1. (a) Name of Individual, Organization or Corporation Planned Parenthood Advocates of Wisconsin		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 111 King Street, Suite 23		
(c) City, State and ZIP Code Madison, WI 53703		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Reportb) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

11	05	2012
THROUGH		
11	06	2012

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

13,817.00

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

Atty. Jeralyn B. Wendelberger

Jeralyn B. Wendelberger

11/7/2012

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 EXPENDITURES

 PAGE 1 OF 1
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates of Wisconsin

Full Name (Last, First Middle Initial) of Payee

Stones Phones

Mailing Address

1309 F Street, N.W., Suite 200

City

State

Zip Code

Washington, D.C. 20004

Date

11 06 2012

Amount

13,817.00

Purpose of Expenditure

GOTV phones/robo calls

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 7

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Pat Kreitlow

Calendar Year-To-Date Per Election
for Office Sought

14,920.52

Disbursement For:

☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

Full Name (Last, First Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) _____

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

13,817.00

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

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

13,817.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(5/2004)