PAGE 1/2

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 check if different than previously reported (b) Address (number and street) 111 King Street, Suite 23 3. FEC Identification Number (c) City, State and ZIP Code Madison WI 53703 C C90008673 Corporate filers only X Yes No Is the filer a qualified nonprofit corporation? Individual filers only Name of Employer Occupation 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report X 24-Hour Report October 15 Quarterly Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? 5. COVERING PERIOD: FROM 10 25 2012 **THROUGH** 10 25 2012 6. TOTAL CONTRIBUTIONS 16000.00 7. TOTAL INDEPENDENT EXPENDITURES00 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] Atty. Jeralyn B. Wendelberger Atty. Jeralyn B. Wendelberger 10/31/2012

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

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

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-A ITEMIZED RECEIPTS

PAGE 2 OF 2

	s and Statements may not be sold or used by any p	
NAME OF FILER (In Full) Planned Parenthood Advocates of Wisc	sing the name and address of any political committee	
Full Name (Last, First, Middle Initial) CREDO SuperPAC		Date of Receipt
Mailing Address 101 Market St., Ste. 700		M = M / D = D / Y = Y = Y
City San Francisco	State Zip Code CA 94105	Transaction ID : F56.000001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00507517	16000.00
Name of Employer	Occupation) on
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Mam / Dad / Yayayay
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupatio	n
Mailing Address	Chala Zia Caala	Date of Receipt
Mailing Address	State Zip Code	-
Mailing Address City FEC ID number of contributing	State Zip Code	M = M / D = D / Y = Y = Y
Mailing Address City FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	C	Amount of Each Receipt this Period
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial)	C	Amount of Each Receipt this Period
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Mailing Address	C	Amount of Each Receipt this Period Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period Date of Receipt
City FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing	Occupation State Zip Code	Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	Occupation State Zip Code	Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period