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FACSIMILE COVER SHEET

DATE: November 1, 2012TO: Federal Election CommissionFAX NO.: (202) 219-0174FROM: Leralyn B. WendelbergerRE: Form 5, 24-hour report for expenditures madeMESSAGE: Planned Parenthood Advocates of Wisconsin filing FEC Form 5 for 24-hour reporting of expenditures.

NUMBER OF PAGES INCLUDING COVER SHEET: 4

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 Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

10	30	2012
THROUGH		
10	30	2012

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

900.84

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

 10/31/2012

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, 998 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 2
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Planned Parenthood of Wisconsin			
Full Name (Last, First, Middle Initial) of Payee NGP Van, Inc.		Date 10 30 2012	
Mailing Address 48 Grove Street, Suite 202		Amount 385.00	
City Sommerville, MA 02144		State MA Zip Code 02144	
Purpose of Expenditure Media - Phones/Robo calls		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6286.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee NGP Van, Inc.		Date 10 30 2012	
Mailing Address 48 Grove Street, Suite 202		Amount 385.00	
City Sommerville, MA 02144		State MA Zip Code 02144	
Purpose of Expenditure Media - Phone/Robo calls		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6286.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee NGP Van, Inc.		Date 10 30 2012	
Mailing Address 48 Grove Street, Suite 202		Amount 89.12	
City Sommerville, MA 02144		State MA Zip Code 02144	
Purpose of Expenditure Media - Phone/Robo calls		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Kind		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1474.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....			
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2 OF 2
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Planned Parenthood Advocates of Wisconsin

Full Name (Last, First Middle Initial) of Payee

NGP Van, Inc.

Date

10 30 2012

Mailing Address

48 Grove Street, Suite 202

Amount

41.72

City

State

Zip Code

Sommerville, MA 02144

Purpose of Expenditure

Media - Phones/Fobo Calls

Category/
Type

Office Sought:

☒ House

State: WI

☐ Senate

District: 1

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Ron Zerban

Calendar Year-To-Date Per Election
for Office Sought

367.48

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.....

900.84

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

(c) TOTAL Independent Expenditures.....
(carry to a) from last page forward to Line 7)

900.84

CPC021

FEC Schedule 5 (Rev. 02/2003)

Federal Election Commission
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FOR INCOMING DOCUMENTS**

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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
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