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#### FACSIMILE COVER SHEET

DATE:

November 1, 2012

TO:

Federal Election Commission

FAX NO.:

(202) 219-0174

FROM:

leralyn B. Wendelberger

RE:

Form 5, 24-hour report for expenditures mad

MESSAGE:

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	
(b) Address (number and street) Check if different than previously reported	
111 King Street, Suite 23	
	FEC Identification Number
(c) City, State and ZIP Code	
Madison, WI 53703	IC
2. Corporate filers only is the filer a qualified nonprofit corporation?  Yes  No	Company of the control of the contro
Individual filers only Name of Employer	Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	
☐ July 15 Quarterly Report ☐ 24-Hour Report	
October 15 Quarterly Report	
□ January 31 Year-End Report □ 48-Hour Report	
b) Is this Fleport an amendment? You No [2]	
5. COVERING PERIOD: FROM	
Edding of the Control	
10 30 2012 1 THRDUGH	
10 30 2012	
decodemic directors (	
6. TOTAL CONTRIBUTIONS	mallimendan er weertha a a er ekan er
1	and with the reserve that the contract of the
	вые снеедратировичуванизмен на экон сторот было сер в 900.84 г
intersection.	and the completion of the second of the seco
Under penalty of pagury I celtify that the independent expenditures approach herein were not made in cooperation, consultation	in, 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 adherein were made by a corporation I certify that the corporation is a qualified nonprofit corporation under the Commission's	dition, (if the independent expenditures reported -
TYPE OF PRINT HAME OF REPOON COMPLETING POPE	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Atty, Jeralyn B. Wendelberger	hoph 10/31/2012
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	V
For further information, contact:	
Federal Election Commission, 998 E Street, N.W., Washington, D.C. 20463 Toll Free 600-424-9830, Local 202-	694-1100

SPG021

FEC Schedule & (REV. 09/2009)

SCHEDULE 5-E ITEMIZED INDEPENCENT 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 Payes	,	Dato	
NGP Van, Inc.		10	30 2012
Malling Address		"	The state of the s
48 Grove Street, Suite 202		Amount	manner og grande i state og forstatte i state og forstatte i state og forstatte i state og forstatte i state o
Sommerville, MA 32144	Zip Code		385.00
Purpose of Expenditu e Media - Phones/Robo calls	Category/	Office Sought:	House State:
Name of Federal Cardidate Supported or Opposed by Expende Barack Obama	iturs:	Check One:	President Support Doppose
Calendar Year-T≻Date Per Election for Office Sought	6286.40	Disbursement For: Other (sp.	
Full Name (Last, First, Middle Initial) of Payee		Date	
NGP Van, Inc.		9 at 10	30 2012
Mailing Address		1	30 2012
48 Grove Street, Suite 202		Amount	
City State Sommerville, MA 32144	ZIp Code		385.00
Purpose of Expenditure  Media - Phone/Robo calls	Category/ Type	Office Sought:	House State: WI Senate
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One:	President Support Oppose
Calendar Year-T > Date Per Election for Office Sought	6286.40 j	Disbursement For:  Other (sp.	
Full Name (Last, Firet, Middle Initial) of Payee	<del></del>	Date	
NGP Van, Inc.		trangending	14 17 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		10	30 2012
48 Grove Street, Suite 202		Amount	
City Slate Sommerville, MA 02144	Zip Code	and the second second	89.12
Purpose of Expenditure Media - Phone/Robo calls	Category/ Type	Office Sought:	House State: WI Senate District: 3
Name of Federal Candidate Supported or Opposed by Expend Ron Kind	iture:	Check One:	President Oppose
Calendar Year-1'o-Date Per Election for Office Sought	1474.36	Disbursement For: Other (spr	
		garan garangan sanas	
(a) SUBTOTAL of Itemized Independent Expenditures		•	gila danake ne da aktiva
AN AUGTOTAL ALLENDARIA LA LA CARRESTA DE LA CARRESTA DEL CARRESTA DEL CARRESTA DE LA CARRESTA DE		As a care of a man many loan	
(b) SUBTOTAL of Unitemized Independent Expanditures			All Marian Communications and the Communication Communicat
(c) TOTAL Independent Expenditures(carry_total from last page forward to Line 7)		•	udung 🎔 utog 🏄 uni
5PG021			FEC Schedule 5 (Rev. 02/2003)

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	<del></del>	Date
NGP Van, Inc.		10 30 2012
Mailing Address		1000 1000 2012
48 Grove Street, Suite 202		Amount
City Sommerville, MA 02144	State Zip Code	41.72
Purpose of Expenditure Media - Phones/Robo Calls	Category/ Type Capable Control	Office Sought:  House State: WI Senate District: 1
Name of Federal Cardidate Supported or Opposed Ron Zerban	by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election (************************************	magas an ar anasyma anganerana agaman ang 367.48 adhrawitan shamiltonen anasyman banasta ar	Disbursement For: Primary General  Other (specify)
Full Name (Last, Firet, Middle Initial) of Payee		Date
Malling Address		Communication of the first of the second of
		Amount  generalization in the control of the contro
City	State Zip Code	The supplication of the su
Purpose of Expenditure	Category/	Office Sought: House State:
Name of Federal Candidate Supported or Opposed	by Expenditure:	Check One: Support Oppose
Calandal Tear-10-Date For Election	ra, somja i spesnojaminamini nomiganciji somj Ži polik castis odbinalihminihminimihminihminis	Disbursement For: Primary General Other (specify)
Full Name (Lest, First, Middle Initial) of Payee		Date
		Manager of the second of the control of
Mailing Address		Maria Ma
City	State Zip Code	Amount  prompgedby a coparangunary consists and consists are consistent and consists and consist
	State hip Code	Remarkson there of the soft and the selection of the selection of the selection of
Purpose of Expend ture	Category/ Type Type Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or Opposed to		President District:
		Check One: Support Oppose
Opposition Legit Landide Let Clarifold	an finning i mena angaterismpanana unaggar agaman fi ti u Hanauti - u strandhunauthunstrandhunathunathunath	Olsbursement For: Primary General Other (specify)
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		transferrable is the star of a with said of a wife of
(b) SUBTOTAL of Unitemized Independent Expenditur	· es	A complete the second of the s
(c) TOTAL Independent Expenditures	······································	priestamocracina gina signe regio se e e e espera que e eje e e
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FEC Schedule \$ (Ray, 02/2003)

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