

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation Wisconsin Family Action, INC			3. FEC Identification Number <div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; padding: 2px;"> C </div> <div style="border: 1px solid black; padding: 2px;"> C90013947 </div> </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2801 International Ln STE 112			
(c) City, State and ZIP Code <div style="display: flex; justify-content: space-between;"> Madison WI 53704 </div>			
2. Occupation and Name of Employer (for Individual Filers Only)			

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....	0.00
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7. TOTAL INDEPENDENT EXPENDITURES	1115.95
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10/15/2020

FEC Schedule 5 (REV. 09/2013)

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F5N
Transaction ID :

No contributions as defined by52 U.S.C. 30101(8)(A)(i) were received during the reporting period (money or anything of value . . . for the purpose of influencing any election for Federal office).

Form/Schedule:
Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Wisconsin Family Action, INC

Full Name (Last, First, Middle Initial) of Payee

Facebook

Date of Public Distribution/Dissemination

MM / DD / YYYY
08 / 14 / 2020

Mailing Address 1 Hacker Way

Amount

400.00

City State Zip Code
Menlo Park CA 94025

Transaction ID : F57.4141

Purpose of Expenditure
Facebook PostsCategory/
Type 004Office Sought: ☐ House State: WI
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 400.00Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Facebook

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 12 / 2020

Mailing Address 1 Hacker Way

Amount

250.00

City State Zip Code
Menlo Park CA 94025

Transaction ID : F57.4142

Purpose of Expenditure
Facebook PostCategory/
Type 004Office Sought: ☐ House State: WI
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 250.00Disbursement For: ☐ Primary ☐ General
2020
☒ Other (specify) e

Full Name (Last, First, Middle Initial) of Payee

Facebook

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 15 / 2020

Mailing Address 1 Hacker Way

Amount

250.00

City State Zip Code
Menlo Park CA 94025

Transaction ID : F57.4143

Purpose of Expenditure
Facebook PostsCategory/
Type 004Office Sought: ☐ House State: WI
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 650.00Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 900.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Wisconsin Family Action, INC

Full Name (Last, First, Middle Initial) of Payee

Facebook

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 25 / 2020

Mailing Address 1 Hacker Way

Amount

215.95

Transaction ID : F57.4144

Purpose of Expenditure
Facebook PostsCategory/
Type 004Office Sought: ☐ House State: WI
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

865.95

Disbursement For: ☐ Primary ☒ General
2020 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 215.95

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 1115.95
(carry total from last page forward to Line 7)