

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 C90008673
(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

/ /
 THROUGH
 / /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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
Jeralyn Bess Wendelberger	<i>Jeralyn Bess Wendelberger</i> <i>[Electronically Filed]</i>	04/11/2013

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-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Planned Parenthood Advocates of Wisconsin

A. Full Name (Last, First, Middle Initial) CREDO SuperPAC			Date of Receipt MM / DD / YYYY 10 / 25 / 2012		
Mailing Address 101 Market Street, Suite 700			Transaction ID : F56.000001		
City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 16000.00		
FEC ID number of contributing federal political committee. C C00507517					
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional) ▶	16000.00
TOTAL This Period (last page carry total to Line 6) ▶	16000.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Planned Parenthood Advocates of Wisconsin

Full Name (Last, First, Middle Initial) of Payee Scasey Communications		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2472 South Graham Street		Amount 5901.40 Transaction ID : F57.000001
City Milwaukee	State WI	
Zip Code 53207	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Purpose of Expenditure GOTV mail piece supporting President Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 5901.40		

Full Name (Last, First, Middle Initial) of Payee Scasey Communications		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2472 South Graham Street		Amount 5901.40 Transaction ID : F57.000002
City Milwaukee	State WI	
Zip Code 53207	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Purpose of Expenditure GOTV mail piece supporting Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 5901.40		

Full Name (Last, First, Middle Initial) of Payee Scasey Communications		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2472 South Graham Street		Amount 325.76 Transaction ID : F57.000003
City Milwaukee	State WI	
Zip Code 53207	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Purpose of Expenditure GOTV mail piece supporting Ron Zerban		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Zerban		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 325.76		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12128.56
(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**

NAME OF FILER (In Full)
Planned Parenthood Advocates of Wisconsin

Full Name (Last, First, Middle Initial) of Payee Scasey Communications		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2472 South Graham Street		Amount 1103.52 Transaction ID : F57.000004
City Milwaukee	State WI	
Zip Code 53207		
Purpose of Expenditure GOTV mail piece supporting Pat Kreitlow	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pat Kreitlow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1103.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Scasey Communications		Date MM / DD / YYYY 10 / 29 / 2012
Mailing Address 2472 South Graham Street		Amount 1385.24 Transaction ID : F57.000005
City Milwaukee	State WI	
Zip Code 53207		
Purpose of Expenditure GOTV mail piece supporting Ron Kind	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Kind		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1385.24		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 MM / DD / YYYY 10 / 30 / 2012
Mailing Address 48 Grove Street, Suite 202		Amount 385.00 Transaction ID : F57.000006
City Sommerville	State MA	
Zip Code 02144		
Purpose of Expenditure Media - Phones/Robo calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2873.76
(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**

NAME OF FILER (In Full)
Planned Parenthood Advocates of Wisconsin

Full Name (Last, First, Middle Initial) of Payee NGP Van, Inc.		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 48 Grove Street, Suite 202		Amount 385.00 Transaction ID : F57.000007
City Sommerville	State MA	
Purpose of Expenditure Media - Phone/Robo Calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		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 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NGP Van, Inc.		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 48 Grove Street, Suite 202		Amount 89.12 Transaction ID : F57.000008
City Sommerville	State MA	
Purpose of Expenditure Media - Phone/Robo Calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Kind		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 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee NGP Van, Inc.		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 48 Grove Street, Suite 202		Amount 41.72 Transaction ID : F57.000009
City Sommerville	State MA	
Purpose of Expenditure Media - Phones/Robo Calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Zerban		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 367.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	515.84
(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**

NAME OF FILER (In Full)
Planned Parenthood Advocates of Wisconsin

Full Name (Last, First, Middle Initial) of Payee Stones Phones		Date MM / DD / YYYY 11 / 06 / 2012
Mailing Address 1309 F Street, N.W., Suite 200		Amount 13817.00 Transaction ID : F57.000010
City Washington, D.C.	State DC	
Purpose of Expenditure GOTV Phones/Robo Calls	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pat Kreitlow		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 14920.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	13817.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	▶	29335.16