

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 WISCONSIN FAMILY ACTION INC		3. FEC Identification Number C C90013947
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 222 S HAMILTON ST STE 24		
(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

M M	/	D D	/	Y Y Y Y
10	/	30	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y
10	/	31	/	2012

6. TOTAL CONTRIBUTIONS **.00**

7. TOTAL INDEPENDENT EXPENDITURES **3197.19**

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
Judith Brant	<i>Judith Brant</i>	01/30/2013

[Electronically Filed]

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-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

Full Name (Last, First, Middle Initial) of Payee Majority Strategies/Next Wave Communications		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 135 Professional Dr Ste 104		Amount 975.00 Transaction ID : F57.000001
City Ponte Vedra Beach	State FL	
Purpose of Expenditure Candidate guide	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15562.78		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 Majority Strategies/Next Wave Communications		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 135 Professional Dr Ste 104		Amount 975.00 Transaction ID : F57.000002
City Ponte Vedra Beach	State FL	
Purpose of Expenditure Candidate guide	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: Tommy Thompson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15562.78		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 Majority Strategies/Next Wave Communications		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 135 Professional Dr Ste 104		Amount 975.00 Transaction ID : F57.000003
City Ponte Vedra Beach	State FL	
Purpose of Expenditure Candidate guide	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Reid Ribble		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 975.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2925.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

Full Name (Last, First, Middle Initial) of Payee Images Plus of Wisconsin LLC		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 4441 Robertson Rd		Amount 90.73 Transaction ID : F57.000004
City Madison	State WI	
Zip Code 53714	Purpose of Expenditure Print disclaimer on candidate guide before distribution	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 15653.51		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 Images Plus of Wisconsin LLC		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 4441 Robertson Rd		Amount 90.73 Transaction ID : F57.000005
City Madison	State WI	
Zip Code 53714	Purpose of Expenditure Print disclaimer on candidate guide before distribution	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson		Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 15653.51		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 Images Plus of Wisconsin LLC		Date MM / DD / YYYY 10 / 31 / 2012
Mailing Address 4441 Robertson Rd		Amount 90.73 Transaction ID : F57.000006
City Madison	State WI	
Zip Code 53714	Purpose of Expenditure Print disclaimer on candidate guide before distribution	Category/ Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Reid Ribble		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 10656.73		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	272.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3197.19