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

(b) Address (number and street) ☐ check if different than previously reported

222 S HAMILTON ST STE 24

(c) City, State and ZIP Code

MADISON WI 53703

3. FEC Identification Number

C C90013947

2. **Corporate filers only** Is the filer a qualified nonprofit corporation? ☒ Yes ☐ 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 MM / DD / YYYY 11 / 04 / 2012

THROUGH MM / DD / YYYY 11 / 05 / 2012

6. TOTAL CONTRIBUTIONS 138.69

7. TOTAL INDEPENDENT EXPENDITURES 161.01

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	*[Electronically Filed]* *Judith Brant*	11/05/2012

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, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 12961245758

SCHEDULE 5-A
ITEMIZED RECEIPTS

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

A. Full Name (Last, First, Middle Initial)
Florida Family Action

Mailing Address 4853 S Orange Ave

City: Orlando | State: FL | Zip Code: 32806

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt: 11 / 04 / 2012

Transaction ID : F56.000001

Amount of Each Receipt this Period: 138.69

B. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶	138.69
TOTAL This Period (last page carry total to Line 6) ▶	138.69

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

Full Name (Last, First, Middle Initial) of Payee: Florida Family Action
Mailing Address: 4853 S Orange Ave
City: Orlando | State: FL | Zip Code: 32806
Date: 11/04/2012
Amount: 69.34
Transaction ID : F57.000001
Purpose of Expenditure: Advertising: personnel for live phone calls - in-kind
Category/ Type: 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney
Office Sought: [ ] House [ ] Senate [X] President | State: | District:
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: .00
Disbursement For: [ ] Primary [X] General 2012 [ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee: Florida Family Action
Mailing Address: 4853 S Orange Ave
City: Orlando | State: FL | Zip Code: 32806
Date: 11/04/2012
Amount: 69.35
Transaction ID : F57.000002
Purpose of Expenditure: Advertising: personnel for live phone calls - in-kind
Category/ Type: 004
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson
Office Sought: [ ] House [X] Senate [ ] President | State: WI | District:
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: .00
Disbursement For: [ ] Primary [X] General 2012 [ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee: Angler, LLC
Mailing Address: 1100 G St NW, Suite 805
City: Washington | State: DC | Zip Code: 20005
Date: 11/05/2012
Amount: 11.16
Transaction ID : F57.000003
Purpose of Expenditure: Advertising: live phone calls
Category/ Type: 004
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney
Office Sought: [ ] House [ ] Senate [X] President | State: | District:
Check One: [X] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: .00
Disbursement For: [ ] Primary [X] General 2012 [ ] Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 149.85

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

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

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
WISCONSIN FAMILY ACTION INC

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

Mailing Address
1100 G St NW
Suite 805

City | State | Zip Code
Washington | DC | 20005

Date: 11 / 05 / 2012

Amount: 11.16

Transaction ID : F57.000004

Purpose of Expenditure
Advertising: live phone calls

Category/ Type: 004

Name of Federal Candidate Supported or Opposed by Expenditure:
Tommy Thompson

Office Sought: [ ] House [X] Senate [ ] President — State: WI — District:

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: .00

Disbursement For: [ ] Primary [X] General 2012 [ ] Other (specify) ▶

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

Mailing Address

City | State | Zip Code

Date: M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▶

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

Mailing Address

City | State | Zip Code

Date: M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate Supported or Opposed by Expenditure:

Office Sought: [ ] House [ ] Senate [ ] President — State: — District:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 11.16

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 161.01
(carry total from last page forward to Line 7)