

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

10 / **29** / **2012**
 THROUGH
10 / **30** / **2012**

6. TOTAL CONTRIBUTIONS

1225.85

7. TOTAL INDEPENDENT EXPENDITURES

1549.07

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

[Electronically Filed]

Judith Brant

Judith Brant

10/30/2012

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

SCHEDULE 5-A **ITEMIZED RECEIPTS**

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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)
WISCONSIN FAMILY ACTION INC

A. Full Name (Last, First, Middle Initial) Florida Family Action			Date of Receipt		
Mailing Address 4853 S Orange Ave			<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>10 / 29 / 2012</div>		
City	State	Zip Code	Transaction ID : F56.000001		
Orlando	WI	32806	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			1225.85		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>		
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		
Mailing Address			<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>		
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		
Mailing Address			<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>		
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)

1225.85

TOTAL This Period (last page carry total to Line 6)

1225.85

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 Angler, LLC		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 1100 G St NW Ste 805		Amount 161.61	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure Advertising: live phone calls		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 161.61		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 Angler, LLC		Date MM / DD / YYYY 10 / 30 / 2012	
Mailing Address 1100 G St NW Ste 805		Amount 161.61	
City Washington	State DC	Zip Code 20005	
Purpose of Expenditure Advertising: live phone calls		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 161.61		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 Florida Family Action, Inc.		Date MM / DD / YYYY 10 / 29 / 2012	
Mailing Address 4853 S Orange Ave		Amount 612.92	
City Orlando	State FL	Zip Code 32806	
Purpose of Expenditure Advertising: personnel for live phone calls (in kind)		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 .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		936.14	
(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
Florida Family Action, Inc.

Date

MM / DD / YYYY
10 / 29 / 2012Mailing Address
4853 S Orange Ave

Amount

612.93

City State Zip Code
Orlando FL 32806

Transaction ID : F57.000004

Purpose of Expenditure
Advertising: personnel for live phone calls (in kind)Category/
Type 004Office Sought: ☐ House State: _____
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Tommy ThompsonCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General
2012
☐ Other (specify) ▶

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

Date

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

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..... ▶

612.93

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

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

1549.07