

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED

2013 JAN 30 AM 10:22

FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <b>JOHN EVAN WADE II</b>		3. FEC Identification Number  <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1225 SECOND STREET</b>		
(c) City, State and ZIP Code <b>NEW ORLEANS, LA 70130</b>		
2. <b>Corporate filers only</b> Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Individual filers only</b> Name of Employer <b>SELF EMPLOYED</b>		Occupation <b>AUTHOR</b>

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

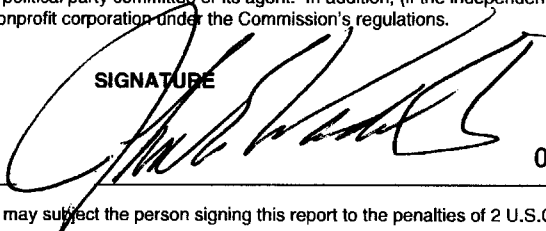
5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2012			
THROUGH									
M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

6. TOTAL CONTRIBUTIONS .....

7. TOTAL INDEPENDENT EXPENDITURES ..... **8059.71**

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
JOHN E. WADE II		01/21/2013

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)

<b>A. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>	
Mailing Address			M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
Name of Employer			Occupation	

<b>B. Full Name (Last, First, Middle Initial)</b>			<b>Date of Receipt</b>	
Mailing Address			M M / D D / Y Y Y Y	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
Name of Employer			Occupation	

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶			
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶			

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**JOHN E. WADE II**

Full Name (Last, First, Middle Initial) of Payee <b>COMPUCAST</b>		Date M M / D D / Y Y Y Y <b>12 13 2012</b>
Mailing Address <b>SUITE 100, 6660 RIVERSIDE DRIVE</b>		Amount <b>1094.00</b>
City <b>METAIRIE</b>	State Zip Code <b>LA 70003</b>	
Purpose of Expenditure <b>WEB SITE MAINTENANCE</b>	Category/Type	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: <b>MITT ROMNEY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1327.75</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>INTERNATIONAL STRATEGY GROUP, LLC</b>		Date M M / D D / Y Y Y Y <b>12 31 2012</b>
Mailing Address <b>444 WEST OCEAN BLVD., SUITE 1020</b>		Amount <b>6965.71</b>
City <b>LONG BEACH</b>	State Zip Code <b>CA 90802</b>	
Purpose of Expenditure <b>WEBSITE BOOK REVIEWS</b>	Category/Type	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: <b>MITT ROMNEY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>9690.32</b>		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 M M / D D / Y Y Y Y
Mailing Address		Amount <b>9000.00</b>
City	State Zip Code	
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) _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>8059.71</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	
<b>(c) TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	<b>8059.71</b>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
1/24/2023

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

**JB** 1/30/2023  
PREPARER DATE PREPARED