

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
WE ARE WISCONSIN POLITICAL FUND

Full Name (Last, First, Middle Initial) of Payee We Are Wisconsin, Inc.		Date of Public Distribution/Dissemination 09 / 30 / 2016	
Mailing Address 8033 Excelsior Drive Ste. A		Amount 4335.25	
City Madison	State WI	Zip Code 53717	Transaction ID : F57.000001
Purpose of Expenditure Field Staff expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee We Are Wisconsin, Inc.		Date of Public Distribution/Dissemination 09 / 30 / 2016	
Mailing Address 8033 Excelsior Drive Ste. A		Amount 4335.25	
City Madison	State WI	Zip Code 53717	Transaction ID : F57.000002
Purpose of Expenditure Field Staff expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee We Are Wisconsin, Inc.		Date of Public Distribution/Dissemination 09 / 30 / 2016	
Mailing Address 8033 Excelsior Drive Ste. A		Amount 4335.25	
City Madison	State WI	Zip Code 53717	Transaction ID : F57.000003
Purpose of Expenditure Field Staff expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Russ Feingold		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13005.75
(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)
WE ARE WISCONSIN POLITICAL FUND

Full Name (Last, First, Middle Initial) of Payee We Are Wisconsin, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 8033 Excelsior Drive Ste. A		Amount 4335.25	
City Madison	State WI	Zip Code 53717	Transaction ID : F57.000004
Purpose of Expenditure Field Staff expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Ron Johnson		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought _____ .00		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 of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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 of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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.....	4335.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	17341.00