24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Reform America Fund	C C00581934
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nonbox	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	28500.00
Hales Corners WI 53130-1677	Transaction ID : EAE9A6B19653F4701B3B Date of Disbursement or Obligation
Purpose of Expenditure Media Buy and Production Category/ Type	10 18 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Feingold, Russ, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calcinda Tour to Bate	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	28500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	28500.00
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 (if the reporting entity is not a political party committee) any political party committee or its agent.	
· Duto	10 21 2016
Signature	