09/12/2016 12 : 02

PAGE 1/2

## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation				
WE ARE WISCONSIN POLITICAL FUND				
(b) Address (number and street) check if different than previously reported 8033 EXCELSIOR DRIVE SUITE A				
(c) City, State and ZIP Code	3. FEC Identification Number			
MADISON WI 53717	3. FEC Identification Number			
Occupation and Name of Employer (for Individual Filers Only)	C C90014267			
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  b) Is this Report an amendment?  FROM  THROUGH  M  M  M  M  M  M  M  M  M  M  M  M  M				
6. TOTAL CONTRIBUTIONS	100000.00			
7. TOTAL INDEPENDENT EXPENDITURES	.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 any political party committee or its agent.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE  [Edited]	DATE lectronically Filed]			
ALYSSA WHITNEY  ALYSSA WHITNEY	09/12/2016			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.				

## SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE	2	OF	2
IAGE	_	OI.	_

	and Statements may not be sold or used by any period the name and address of any political committee	
NAME OF FILER (In Full) WE ARE WISCONSIN POLITICAL FUND		
A. Full Name (Last, First, Middle Initial)		
FOR OUR FUTURE		Date of Receipt
Mailing Address 888 16TH ST NW #650		09 09 2016
City	State Zip Code	Transaction ID : F56.000001
WASHINGTON	DC 20006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00620971	100000.00
Name of Employer	Occupation	1
3. Full Name (Last, First, Middle Initial)		Data of Descipt
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	This are the second sec
Name of Employer	Occupation	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Assessment of Foods Booking Notice I
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	
Name of Employer	Occupation	
Full Name (Last, First, Middle Initial)		Data of Descipt
Mailing Address		Date of Receipt
City	State Zip Code	
	State Lip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
SUBTOTAL of Receipts This Page (optional	ıl)	. ▶ 100000.00
TOTAL This Paried (last name correction)	a Line 6)	
IOIAL This Period (last page carry total to	o Line 6)	. ▶ 100000.00