24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Reform America Fund	C C00581934
	O state in
Check if 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nonbox	10 17 2016
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	1199212.30
Hales Corners WI 53130-1677	Transaction ID : E7CB3267CC8CA4A41ABI Date of Disbursement or Obligation
Purpose of Expenditure Media Buy and Production Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District:
Feingold, Russ, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General 6 Other (specify) ▶
Full Name of Payee Nonbox	Date of Public Distribution/Dissemination
Mailing Address 5307 S 92nd St	10 17 2016
Mailing Address 5307 S 92nd St	Amount
City State Zip Code	90131.25
Hales Corners WI 53130-1677	Transaction ID : ED4309E3AECFD4A51A4I Date of Disbursement or Obligation
Purpose of Expenditure Media Buy and Production Category/ Type	10 14 2016
Name of Federal Candidate Support Offi	ice Sought: House District:
Feingold, Russ, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1289343.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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.	
Pickens, Lorri, , , [Electronically Filed] Date	10 18 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Reform America Fund	C C00581934
Check if 24-hour report 48-hour report New report Amends report f	filed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nonbox	10 17 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	7273.79
Hales Corners WI 53130-1677	Transaction ID : ECC5F00767ED144F9BB7 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy and Production Category/ Type	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	office Sought: House District:
Feingold, Russ, , ,	President Senate State: WI
Odichadi Todi To Dato	isbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Oisbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	7273.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1296617.34
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.	
Pickens, Lorri, , , [Electronically Filed] Date Signature	10 18 2016
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