

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) THE WISCO PROJECT PAC			FEC IDENTIFICATION NUMBER ▼ C C00873901		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Wisco Project, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2026			
Mailing Address 4230 N OAKLAND AVE BOX 225		Amount 60000.00			
City Shorewood	State WI	Zip Code 53211	Transaction ID : SE.4180		
Purpose of Expenditure In-kind staff salary estimate for independent expenditures 8/17-9/30		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2026		
Name of Federal Candidate Cooke, Rebecca, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		120462.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		60000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		60000.00			
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.					
Signature Sickel, Paul, , ,		Date MM / DD / YYYY 08 / 19 / 2026			