

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

NAME OF COMMITTEE (In Full) PROJECT 72 WI PAC			FEC IDENTIFICATION NUMBER ▼ C C00833228		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee AL Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 11 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 222 West Ontario Suite 600			Amount 320500.00		
City State Zip Code Chicago IL 60654		Transaction ID : SE.4165 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 06 / 2024 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital Advertisements		Category/ Type 004			
Name of Federal Candidate HOVDE, ERIC, , ,			☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought			320500.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee AL Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 28 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 222 West Ontario Suite 600			Amount 100500.00		
City State Zip Code Chicago IL 60654		Transaction ID : SE.4164 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 28 / 2024 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital Advertisements		Category/ Type 004			
Name of Federal Candidate HOVDE, ERIC, , ,			☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought			421000.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			421000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			421000.00		
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 Piraino, Janet, , , Date M M / D D / Y Y Y Y Y Y 06 / 29 / 2024 M M / D D / Y Y Y Y Y Y					