24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WISCONSIN NEXT PAC	C C00656728
Check if 24-hour report 48-hour report New report Amends report	filed on Man / Dad / Yaryary
Full Name of Payee SRCP MEDIA	Date of Public Distribution/Dissemination
	10 15 2018
Mailing Address 201 NORTH UNION ST SUITE 200	Amount
City State Zip Code	250000.00
ALEXANDRIA VA 22314	Transaction ID : SE.4406 Date of Disbursement or Obligation
Purpose of Expenditure TV AD Category/ Type 004	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District:00
BALDWIN, TAMMY, , ,	President X Senate State: WI
Calcilidat to all to bate	Disbursement For: Primary ■ General Other (specify) ■
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City Ctate 7ip Code	
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
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	Disbursement For:
, , ,	Office (Specify)
(a) SUBTOTAL of Itemized Independent Expenditures	250000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	250000.00
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.	
LIND, KATE, , , [Electronically Filed] Date	10 15 2018
Signature	