

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) A Better Wisconsin Together Action (ABWTA)		FEC IDENTIFICATION NUMBER ▼ C C00880765
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Left Hook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 2601 Ocean Park Blvd		Amount 3000.00
City Santa Monica	State CA	Zip Code 90405
Purpose of Expenditure Production costs 6 second 'Nothing' ad	Category/ Type 004	Transaction ID : SE.4339 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
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 963289.90		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Left Hook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 2601 Ocean Park Blvd		Amount 7500.00
City Santa Monica	State CA	Zip Code 90405
Purpose of Expenditure Production costs 15 second 'Nothing' ad	Category/ Type 004	Transaction ID : SE.4340 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
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 960289.90		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10500.00
(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.

Cone, Amanda, , ,

Signature

Date

MM / DD / YYYY
10 / 16 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) A Better Wisconsin Together Action (ABWTA)		FEC IDENTIFICATION NUMBER ▼ C C00880765
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Left Hook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 2601 Ocean Park Blvd		Amount 15000.00
City Santa Monica	State CA	Zip Code 90405
Purpose of Expenditure Production Costs 30 second 'Nothing' ad	Category/ Type 004	Transaction ID : SE.4341 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
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 952789.90		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee Left Hook		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2024
Mailing Address 2601 Ocean Park Blvd		Amount 174500.00
City Santa Monica	State CA	Zip Code 90405
Purpose of Expenditure Digital media buy 'Nothing' ad	Category/ Type 004	Transaction ID : SE.4342 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2024
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 1137789.90		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	189500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	200000.00

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.

Cone, Amanda, , ,

Signature

Date

MM / DD / YYYY
10 / 16 / 2024