24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee DATA PROPRIA INC.	Date of Public Distribution/Dissemination
Mailing Address and ONTH OTREET	09 19 2018
Mailing Address 311 SIXTH STREET	Amount
City State Zip Code	100000.00
SAN ANTONIO TX 78215	Transaction ID : SE.4362 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL ADS Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
BALDWIN, TAMMY, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disb 2018	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	100000.00
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.	
	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	