24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	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	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
DMM MEDIA	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1911 N FORT MYER DR	09 17 2018
SUITE 400	Amount
City State Zip Code	11082.09
ARLINGTON VA 22209	Transaction ID : SE.4358 Date of Disbursement or Obligation
Purpose of Expenditure TV AD PRODUCTION 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 Disbute 2018	ursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
SRCP MEDIA	09 17 2018
Mailing Address 201 NORTH UNION ST	
SUITE 200	Amount
City State Zip Code	610000.00
ALEXANDRIA VA 22314	Transaction ID : SE.4359 Date of Disbursement or Obligation
Purpose of Expenditure TV AD Category/ Type 004	09 12 / Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
BALDWIN, TAMMY, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	621082.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	621082.09
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.	
2 4.10	09 17 2018
Signature	