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

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 M M / D D / Y Y Y Y Y
Full Name of Payee SRCP MEDIA	Date of Public Distribution/Dissemination
	10 01 2018
Mailing Address 201 NORTH UNION ST	Amount
SUITE 200	
City State Zip Code	450000.00
ALEXANDRIA VA 22314	Transaction ID: SE.4373  Date of Disbursement or Obligation
Purpose of Expenditure TV AD  Category/ Type  004	09 / 28 / 2018
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	ursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / 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	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	450000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	450000.00
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.	
Bato	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	