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

NAME OF COMMITTEE (In Full)
NATHAN E BILLIPS

FEC IDENTIFICATION NUMBER ▼
C C00881896

Check if [X] 24-hour report [ ] 48-hour report [X] New report [ ] Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
N&Bs

Mailing Address 10154 w kiehnau ave
A

City: Milwaukee | State: WI | Zip Code: 53224

Purpose of Expenditure
Campaign finance

Category/ Type: 1

Date of Public Distribution/Dissemination: 08 / 01 / 2024

Amount: 250.00

Transaction ID : WFT20247161538-1

Date of Disbursement or Obligation: 08 / 01 / 2024

Name of Federal Candidate
BILLIPS, NATHAN, E, ,

[ ] Support [X] Oppose

Office Sought: [ ] House [ ] President [X] Senate District: ____ State: WI

Calendar Year-To-Date Per Election for Office Sought: 0.00

Disbursement For: [ ] Primary [X] General 2024 [ ] Other (specify) ▶ ____

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination: M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Name of Federal Candidate

[ ] Support [ ] Oppose

Office Sought: [ ] House [ ] President [ ] Senate District: ____ State: ____

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▶ ____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures ▶	250.00

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.

BILLIPS, NATHAN, E, Mr, Jr
Signature

Date: 08 / 16 / 2024