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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BADGER VALUES	C C00889931
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
CampaignHQ	10 28 2024
Mailing Address PO Box 257	Amount
City State Zip Code	2081.67
Brooklyn IA 52211	Transaction ID : SE.4175
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Phones Type 004	10 28 2024
	Sought: House District: 00
TRUMP, DONALD J., , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2024	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
CampaignHQ	10 28 2024
Mailing Address PO Box 257	Amount
City State Zip Code	2914.34
Brooklyn IA 52211	Transaction ID : SE.4176
Purpose of Expenditure Category/ 004	Date of Disbursement or Obligation
Phones Type 004	10 28 2024
	Sought: House District: 00
STEIN, JILL, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2024	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	4996.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
•	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Williamson, Les, , , Date	0 29 2024
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
BADGER VALUES				C C00889931
				J -1000000
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Da	ate of Public Distribution/Dissemination
CampaignHQ				10 28 2024
Mailing Address PO Box 257			Ar	mount
City	State	Zip Code	<u> </u>	3330.67
Brooklyn	IA	52211	Tr	ansaction ID : SE.4177
Purpose of Expenditure				ate of Disbursement or Obligation
Phones Phones		Category/ Type 004		10 28 7 2024
Name of Federal Candidate		Support	Office Sc	ought: House District: 00
HARRIS, KAMALA, , ,		X Oppose	X Pre	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		1311019.68	Disburser 2024	ment For: Primary
Full Name of Payee			D	ate of Public Distribution/Dissemination
Divergus Digital				M = M / D = D / Y = Y = Y
Mailing Address 16192 Coastal Highway				10 28 2024
. 51.52 Soutian ingrimay			A	mount
City	State	Zip Code	— Г	41444.00
Lewes	DE	19958	_	nnsaction ID : SE.4146
Purpose of Expenditure		Category/ 004	D	ate of Disbursement or Obligation
Mail Postage, Printing, & Production		Type 004		10 28 2024
Name of Federal Candidate		Support	Office So	ought: House District:
STEIN, JILL, , ,		Oppose		esident Senate State: MI
Calendar Year-To-Date				ment For: Primary X General
Per Election for Office Sought		41444.00	2024	Other (specify)
(a) SUBTOTAL of Itemized Independent Expend	itures			44774.67
•			· L	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize	•		•
Williamson, Les, , ,		Delt	e 10	29 2024
Signature		Date	9 10	29 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI ENDI	TOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
BADGER VALUES			С	C00889931
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Divergus Digital			10 M	28 2024
Mailing Address 16192 Coastal Highway			Amount	
City	State	Zip Code		41444.00
Lewes	DE	19958		on ID : SE.4147 Sbursement or Obligation
Purpose of Expenditure		Category/	M I M	/ D D / Y Y Y Y
Mail Postage, Printing, & Production Name of Federal Candidate		Type 004	10	28 2024
		Support	Office Sought:	House District: 00
HARRIS, KAMALA, , ,		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	82888.00	Disbursement For 2024 Other	:
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Divergus Digital			10	/ D D / Y Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z
Mailing Address 16192 Coastal Highway			Amount	
City	State	Zip Code		45000.00
Lewes	DE	19958		n ID : SE.4169 sbursement or Obligation
Purpose of Expenditure		Category/ 004	M = M	/ D D / Y Y Y Y
Media Placement		Type 004	10	28 2024
Name of Federal Candidate		X Support	Office Sought:	House District:00
STEIN, JILL, , ,		Oppose	X President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	127888.00	Disbursement For 2024	r: Primary X General (specify) ▶
			Guiei	(opcony) ·
(a) SUBTOTAL of Itemized Independent Expenditures	i		. •	86444.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			>	7
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.				
Williamson, Les, , ,		_ Date	10 / 29	
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
BADGER VALUES	C C00889931			
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee	ate of Public Distribution/Dissemination			
Divergus Digital	10 28 2024			
Mailing Address 16192 Coastal Highway	mount			
City State Zip Code	45000.00			
Lewes DE 19958 T	ransaction ID : SE.4170 late of Disbursement or Obligation			
Purpose of Expenditure	M = M / D = D / Y = Y = Y			
Media Placement Type 004	10 28 2024			
Name of Federal Candidate Support Office So	ought: House District: 00			
	esident Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought Disburse 2024	ement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address A	mount			
City State Zip Code				
	Ohlinatia			
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation			
News of Endand Constitute				
Support Office's	ought: House District: resident Senate State:			
	ement For: Primary General			
Calendar Year-To-Date Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	45000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7			
(c) TOTAL Independent Expenditures	181214.68			
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.				
Williamson, Les, , , Signature Date	29 / 2024			