

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BADGER VALUES			FEC IDENTIFICATION NUMBER ▼ C C00889931		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M / D D / Y Y Y Y Y Y		
Full Name of Payee CampaignHQ			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address PO Box 257			Amount 2081.67		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.4175
Purpose of Expenditure Phones		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Name of Federal Candidate TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		1304774.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CampaignHQ			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Mailing Address PO Box 257			Amount 2914.34		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.4176
Purpose of Expenditure Phones		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		
Name of Federal Candidate STEIN, JILL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		1307689.01		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4996.01		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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.					
Signature Williamson, Les, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 29 / 2024		

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NAME OF COMMITTEE (In Full) BADGER VALUES		FEC IDENTIFICATION NUMBER ▼ C C00889931
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY / /

Full Name of Payee CampaignHQ		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address PO Box 257		Amount 3330.67
City Brooklyn	State IA	Zip Code 52211
Purpose of Expenditure Phones	Category/ Type 004	Transaction ID : SE.4177 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Divergus Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 16192 Coastal Highway		Amount 41444.00
City Lewes	State DE	Zip Code 19958
Purpose of Expenditure Mail Postage, Printing, & Production	Category/ Type 004	Transaction ID : SE.4146 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate STEIN, JILL, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44774.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Williamson, Les, , ,

Signature

Date

MM / DD / YYYY
10 / 29 / 2024

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NAME OF COMMITTEE (In Full) BADGER VALUES		FEC IDENTIFICATION NUMBER ▼ C C00889931
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY / /

Full Name of Payee Divergus Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 16192 Coastal Highway		Amount 41444.00
City Lewes	State DE	Zip Code 19958
Purpose of Expenditure Mail Postage, Printing, & Production	Category/ Type 004	Transaction ID : SE.4147 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Divergus Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024
Mailing Address 16192 Coastal Highway		Amount 45000.00
City Lewes	State DE	Zip Code 19958
Purpose of Expenditure Media Placement	Category/ Type 004	Transaction ID : SE.4169 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024
Name of Federal Candidate STEIN, JILL, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86444.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Williamson, Les, , ,

Signature

Date

MM / DD / YYYY
10 / 29 / 2024

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Divergus Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2024		
Mailing Address 16192 Coastal Highway		Amount 45000.00		
City Lewes	State DE	Zip Code 19958	Transaction ID : SE.4170	
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		172888.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		45000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(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.				
Signature Williamson, Les, , ,		Date MM / DD / YYYY 10 / 29 / 2024		