

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) A BETTER WISCONSIN TOGETHER ACTION		FEC IDENTIFICATION NUMBER ▼ C C00880765	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		MM / DD / YYYY 09 / 24 / 2024	

Full Name of Payee A Better Wisconsin Together		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024	
Mailing Address 6516 Monona Drive, Ste 244		Amount 5204.10	
City Monona	State WI	Zip Code 53716	Transaction ID : SE.4240
Purpose of Expenditure Staff time creating social media content 9/23-10/7 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Trump, Donald, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		1402479.87	

Full Name of Payee A Better Wisconsin Together		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2024	
Mailing Address 6516 Monona Drive, Ste 244		Amount 1731.44	
City Monona	State WI	Zip Code 53716	Transaction ID : SE.4241
Purpose of Expenditure Staff time creating social media content 9/23-10/7 - estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2024
Name of Federal Candidate Baldwin, Tammy, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		637187.38	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6935.54
(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.

Cone, Amanda, , ,

Signature

Date

MM / DD / YYYY
10 / 07 / 2024

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) A BETTER WISCONSIN TOGETHER ACTION		FEC IDENTIFICATION NUMBER ▼ C C00880765	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 09 / 24 / 2024	

Full Name of Payee A Better Wisconsin Together		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2024	
Mailing Address 6516 Monona Drive, Ste 244		Amount 5204.10	
City Monona	State WI	Zip Code 53716	Transaction ID : SE.4242
Purpose of Expenditure Staff time creating social media content 9/23-10/7 - estimate		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2024
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		1407683.97	

Full Name of Payee A Better Wisconsin Together		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2024	
Mailing Address 6516 Monona Drive, Ste 244		Amount 1731.44	
City Monona	State WI	Zip Code 53716	Transaction ID : SE.4243
Purpose of Expenditure Staff time creating social media content 9/23-10/7 - estimate		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 23 / 2024
Name of Federal Candidate Hovde, Eric, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
		638918.82	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6935.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	13871.08

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.

Cone, Amanda, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
10 / 07 / 2024