

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) BADGER VALUES			FEC IDENTIFICATION NUMBER ▼ C C00889931		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee CampaignHQ			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address PO Box 257			Amount 664.92		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.4250
Purpose of Expenditure Phones		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2024	
Name of Federal Candidate STEIN, JILL, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			278905.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee CampaignHQ			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024		
Mailing Address PO Box 257			Amount 664.93		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.4251
Purpose of Expenditure Phones		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			279569.93 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1329.85		
(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 MM / DD / YYYY 11 / 02 / 2024		

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NAME OF COMMITTEE (In Full) BADGER VALUES			FEC IDENTIFICATION NUMBER ▼ C C00889931		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee CampaignHQ			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024		
Mailing Address PO Box 257			Amount 1396.84		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.4252
Purpose of Expenditure Phones		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			1521349.66 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee CampaignHQ			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024		
Mailing Address PO Box 257			Amount 1248.75		
City Brooklyn		State IA	Zip Code 52211		Transaction ID : SE.4253
Purpose of Expenditure Phones		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2024	
Name of Federal Candidate STEIN, JILL, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought			1522598.41 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2645.59		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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Signature Williamson, Les, , ,			Date M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2024		

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NAME OF COMMITTEE (In Full) BADGER VALUES		FEC IDENTIFICATION NUMBER ▼ C C00889931
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee CampaignHQ		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2024
Mailing Address PO Box 257		Amount 1248.75
City Brooklyn	State IA	Zip Code 52211
Purpose of Expenditure Phones	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 1523847.16		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1248.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5224.19

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

MM / DD / YYYY
11 / 02 / 2024