

REPORT OF INDEPENDENT EXPENDITURES

OFFICE USE ONLY

STATE OF WISCONSIN CF-7

This form must be notarized and mailed

COMMITTEE, INDIVIDUAL, OR OTHER ORGANIZATION INFORMATION

Committee ID: 1200093

Filing Period Name:	Spring 2023 / 8th Senate Spring Pre-Primary 2023
Name of Committee, Individual:	Minocqua Brewing Company Super PAC
Street Address:	318 W Park Ave
City, State and Zip:	Minocqua, WI 54548
Email:	

Date Paid	Communication Date	Name and Address of Person or Business to Whom Payment Was Made	Name and Address of Vendor	Purpose	Candidate(s) Affected by Expenditure(s)(Include Office Sought)	Support	Oppose	Comment(s)	Amount This Period
<b>Independent Expenditure</b>									
01/18/2023	01/13/2023	Jones Sign Company 1711 Scheuring Rd, De Pere, WI 54115		Media - Billboards / Outdoor Advertising	Janet Protasiewicz for Justice	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$895.00
<b>Sub Total</b>									\$895.00
<b>Total</b>									\$895.00

I, \_\_\_\_\_  
certify that the information in this report is true, correct and complete.

\_\_\_\_\_  
Signature of Treasurer, Individual, or Agent

\_\_\_\_\_  
Date

**OATH**

i. Pursuant to s. 11.0505, 11.0605, or 11.1001, I Minocqua Brewing Company Super PAC affirm, under oath, that I will comply with the prohibition on coordination under s. 11.1203 with respect to any candidate or agent or candidate committee who is supported or opposed by the express advocacy.

ii. Being duly sworn, state that with respect to independent disbursements in support of the candidates listed (the committee / independent disbursement committee does not) (I do not) act in cooperation or consultation with any candidate or agent or authorized committee of a candidate who is supported and (the committee / independent disbursement committee does not) (I do not) act in concert with or at the request or suggestion of any candidate or any agent or authorized committee of a candidate who is supported. (The committee/ independent disbursement committee does not) (I do not) act in cooperation or consultation with any candidate or agent or authorized committee of a candidate who benefits from a disbursement made in opposition to a candidate listed and (the committee/ independent disbursement committee does not) (I do not) act in concert with, or at the request or suggestion of, any candidate or agent or authorized committee of a candidate who benefits from a disbursement made in opposition to a candidate listed.

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_

Minocqua Brewing Company Super PAC

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Individual, Treasurer or Agent)

\_\_\_\_\_  
( Notary Public or Person Authorized to Administer Oaths)

My Commission expires \_\_\_\_\_, \_\_\_\_\_. (For Notary Only) Is Permanent

**THE INFORMATION ON THIS FORM IS REQUIRED BY ss. 11.0505, 11.0605, 11.1001, STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF SS. 11.1400, 11.1401, STATS.**

**THIS FORM IS PRESCRIBED BY THE Wisconsin Ethics Commission | P.O. Box 7125, Madison, WI 53707-7125 | Phone: 608-266-8123 | Email: campaignfinance@wi.gov**