

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: 1200137

Filing Period Name:	Spring Pre-Primary 2025
Name of Committee, Individual:	AMERICANS FOR PROSPERITY
Street Address:	4201 WILSON BLVD STE 1000
City, State and Zip:	ARLINGTON, VA 22203
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
Independent Expenditure									
01/01/2025	01/01/2025	AMERICANS FOR PROSPERITY 4201 WILSON BLVD, STE 1000, ARLINGTON, VA 22203		Consulting Fees - General	Schimel, Brad (Supreme Court, Supreme Court, Supreme Court)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CANVASSING	\$15,574.90
01/08/2025	01/08/2025	IN PURSUIT OF 4201 WILSON BLVD, STE 900, ARLINGTON, VA 22203		Media - Online Advertising	Schimel, Brad (Supreme Court, Supreme Court, Supreme Court)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIGITAL AD PLACEMENT	\$1,000,000.00
01/08/2025	01/08/2025	TARGETED VICTORY 2311 WILSON BLVD, STE 200, ARLINGTON, VA 22201		Media - Graphic Design	Schimel, Brad (Supreme Court, Supreme Court, Supreme Court)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIGITAL AD PRODUCTION	\$1,800.00
Sub Total									\$1,017,374.90
Total									\$1,017,374.90

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 AMERICANS FOR PROSPERITY 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 _____

AMERICANS FOR PROSPERITY

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