SPECIAL REPORT OF LATE INDEPENDENT EXPENDITURE

INDIVIDUAL / COMMITTEE INFORMATION

Filing Period Name:	Spring Pre-Election 2025
Candidate/Committee/Individual Name:	**Committee ID:**
A Better Wisconsin Together Political Fund	1100112
Address (Number, Street):	
6516 Monona Drive Box 244	
City, State and Zip:	**Telephone Number:**
Monona WI 53716	(608) 514-1640

Date Paid	Name and Address of Person or Business to Whom Payment Was Made	Name and Address of Vendor	Purpose	Candidate(s) Affected by Disbursement(s) (Include Office Sought)	Support	Oppose	Comment(s)	Amount This Period
Independent Expenditure								
72 Hr. Reports : 02/24/2025								
02/24/2025	Blueprint Interactive 2307 North Trenton St, Arlington, VA 22207		Media - Online Advertising	Schimel for Justice	☐	☑		$550,000.00
72 Hr. Reports : 02/14/2025								
02/14/2025	Blueprint Interactive 2307 North Trenton St., Arlington, VA 22207		Media - Online Advertising	Schimel for Justice	☐	☑		$250,000.00
02/14/2025	A Better Wisconsin Together Inc 6516 Monona Dr , #244, Monona, WI 53716		Wages - Campaign Staff	Schimel for Justice	☐	☑	Pre-reporting staff time for content creation from 2/13/2025 - 4/1/2025	$8,075.00
							Sub Total	$808,075.00
							Total	$808,075.00

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

_____ _____

(Signature of Individual, Treasurer or Agent) Date

OATH

i. Pursuant to s. 11.0505, 11.0605, or 11.1001, I A Better Wisconsin Together Political Fund 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 _____

A Better Wisconsin Together Political Fund

(Signature of Individual, Treasurer or Agent)

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

_____

(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

CF-7s (07/16)