

OFFICE USE ONLY

Committee ID: 1200151

Filing Period Name:	Spring Pre-Election 2025
Name of Committee, Individual:	AMERICA PAC
Street Address:	PO BOX 341027
City, State and Zip:	AUSTIN, TX 78734
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									
02/19/2025	02/17/2025	THE SYNAPSE GROUP 1309 COFFEEN AVE, STE 1200, SHERIDAN, WY 82801		Other	Brad Schimel for Justice	☒	☐	CANVASSING/FIELD OPERATIONS	\$1,000,000.00
02/21/2025	02/21/2025	FULL REACH MEDIA GROUP LLC PO BOX 101552, ARLINGTON, VA 22201		Media - Online Advertising	Susan Crawford for Wisconsin	☐	☒	DIGITAL MEDIA	\$316,667.00
02/21/2025	02/21/2025	IMGE LLC 1401 H STREET NW, SUITE 550, WASHINGTON, DC 20005		Other	Susan Crawford for Wisconsin	☐	☒	TEXTING	\$130,341.00
02/21/2025	02/21/2025	RED MAVERICK MEDIA LLC 1426 N 3RD STREET, SUITE 310, HARRISBURG, PA 17102		Printing - Brochures	Brad Schimel for Justice	☒	☐	PRINTING	\$67,583.00
02/24/2025	02/25/2025	THE SYNAPSE GROUP 1309 COFFEEN AVE, STE 1200, SHERIDAN, WY 82801		Other	Brad Schimel for Justice	☒	☐	CANVASSING/FIELD OPERATIONS	\$750,000.00
Sub Total									\$2,264,591.00
Total									\$2,264,591.00

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 AMERICA 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 _____

AMERICA 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