

SPECIAL REPORT OF LATE INDEPENDENT EXPENDITURE

INDIVIDUAL / COMMITTEE INFORMATION

Filing Period Name:	Spring Pre-Election 2025
Candidate/Committee/Individual Name:	Committee ID:
Fair Courts America	1100142
Address (Number, Street):	
101 Marketside Ave Suite 404	
City, State and Zip:	Telephone Number:
Ponte Vedra FL 32081	(630) 601-1504

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 : 02/21/2025								
02/20/2025	MHB Media, Inc PO Box 9825, Arlington, VA 22219		Media - TV	Crawford, Susan M (Supreme Court,Supreme Court,Supreme Court)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TV advertising	\$1,200,000.00
72 Hr. Reports : 02/17/2025								
02/14/2025	MHB Media, Inc PO Box 9825, Arlington, VA 22219		Media - TV	Crawford, Susan M (Supreme Court,Supreme Court,Supreme Court)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TV advertising	\$1,351,440.00
Sub Total								\$2,551,440.00
Total								\$2,551,440.00

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 Fair Courts America 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 _____

Fair Courts America

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