

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: 1100112

Filing Period Name:	Spring 2023 / 8th Senate Spring Pre-Primary 2023
Name of Committee, Individual:	A Better Wisconsin Together Political Fund
Street Address:	6516 Monona Drive Box 244
City, State and Zip:	Monona, WI 53716
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									
02/01/2023	02/01/2023	Blueprint Interactive 2307 North Trenton St., Arlington, VA 22207		Media - Online Advertising	Dorow, Jennifer (Supreme Court, Supreme Court, Supreme Court)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$112,500.00
02/01/2023	02/01/2023	Targeted Platfor Media P.O Box 237, Crownsville, MD 21032		Media - TV	Dorow, Jennifer (Supreme Court, Supreme Court, Supreme Court)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$716,484.00
Sub Total									\$828,984.00
Total									\$828,984.00

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 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

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