

SPECIAL REPORT OF LATE INDEPENDENT EXPENDITURE

INDIVIDUAL / COMMITTEE INFORMATION

Filing Period Name:	January Continuing 2023
Candidate/Committee/Individual Name:	Committee ID:
Wisconsin RINO Hunters	1100138
Address (Number, Street):	
122 C St NW Ste 540	
City, State and Zip:	Telephone Number:
Washington DC 20001	(385) 202-7284

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 : 11/02/2022								
10/31/2022	Liberty Group, Inc 122 C Street NW , Ste 540, Washington , DC 20001		Media - Online Advertising	Michels, Tim (Governor,Governor,Governor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$5,000.00
72 Hr. Reports : 10/28/2022								
10/25/2022	Liberty Group Inc 122 C Street NW, Ste 540, Washington , DC 20001		Mailing Service	Michels, Tim (Governor,Governor,Governor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$239,400.00
10/28/2022	Liberty Group Inc 122 C Street NW, Ste 540, Washington , DC 20001		Media - Online Advertising	Michels, Tim (Governor,Governor,Governor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$380,140.81
Sub Total								\$624,540.81
Total								\$624,540.81

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

Mike McCauley

(Signature of Individual, Treasurer or Agent)

Date

OATH

i. Pursuant to s. 11.0505, 11.0605, or 11.1001, I Wisconsin RINO Hunters 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 _____

Wisconsin RINO Hunters

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