

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Kelly Westlund for Wisconsin

ADDRESS (number and street) 501 11th Avenue East
PO Box 1013
 Check if different than previously reported. (ACC) Ashland WI 54806

2. **FEC IDENTIFICATION NUMBER** C C00553370 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
WI 07

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Larry Macdonald
Signature of Treasurer Larry Macdonald *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kelly Westlund for Wisconsin

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 03 / 31 / 2015

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 309.31 | 528633.65 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 600.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 309.31 | 528033.65 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 2047.41 | 528162.49 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 386.91 | 465.68 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 1660.50 | 527696.81 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | -83.16 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kelly Westlund for Wisconsin

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 03 / 31 / 2015

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 25.00 | 264733.49 |
| (ii) Unitemized..... | 284.31 | 209902.16 |
| (iii) TOTAL of contributions from individuals ▶ | 309.31 | 474635.65 |
| (b) Political Party Committees..... | 0.00 | 1100.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 52898.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 309.31 | 528633.65 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 386.91 | 465.68 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 696.22 | 529099.33 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 2047.41 | 528162.49 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 600.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 600.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 220.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 2047.41 | 528982.49 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1268.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 696.22 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1964.25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 2047.41 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | -83.16 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 16 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

A. Full Name (Last, First, Middle Initial)
Gwen Westlund

Mailing Address **PO Box 125**

City **Weyerhaeuser** State **WI** Zip Code **54895-0125**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CESA 10** Occupation **Physical Therapist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **922.71**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 03 / 2015

Transaction ID : VNHWGDA70F3

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

25.00

25.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 16 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

A. Full Name (Last, First, Middle Initial)
Charter Communications

Mailing Address 12405 Powerscourt Dr

City Saint Louis State MO Zip Code 63131-3673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
386.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2015

Transaction ID : VNHWGDE01X5

Amount of Each Receipt this Period
386.91

Refund

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

386.91

386.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 OF 16 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Adobe Systems | | Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015 |
| Mailing Address 345 Park Ave | | Amount of Each Disbursement this Period 79.11 |
| City San Jose State CA Zip Code 95110-2704 | Purpose of Disbursement Computer Software 001 Category/Type | |
| Candidate Name | | Transaction ID : VNGX89TRXD4 |
| Office Sought: House Senate President Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Adobe Systems | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015 |
| Mailing Address 345 Park Ave | | Amount of Each Disbursement this Period 79.11 |
| City San Jose State CA Zip Code 95110-2704 | Purpose of Disbursement Software 001 Category/Type | |
| Candidate Name | | Transaction ID : VNGX89TW1Y1 |
| Office Sought: House Senate President Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 53.13 |
| City Carol Stream State IL Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones 001 Category/Type | |
| Candidate Name | | Transaction ID : VNGX89TRXX0 |
| Office Sought: House Senate President Disbursement For: 2014 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 211.35 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 16 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 53.13 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Transaction ID : VNGX89TRXY8 |
| Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 42.54 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Transaction ID : VNGX89TRY04 |
| Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 47.81 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Transaction ID : VNGX89TRY12 |
| Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 143.81 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 OF 16 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 01 / 29 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 42.54 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Transaction ID : VNGX89TRY20 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 02 / 03 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 53.13 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Transaction ID : VNGX89TW2F4 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 42.54 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Transaction ID : VNGX89TW2N1 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 138.21 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 10 OF 16 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 02 / 27 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 47.81 Transaction ID : VNGX89TW2M3 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 03 / 02 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 42.54 Transaction ID : VNGX89TW2J7 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 03 / 30 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 47.81 Transaction ID : VNGX89TW2H9 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 138.16 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 16 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 42.54 Transaction ID : VNGX89TW2G2 |
| City Carol Stream | State IL | |
| Zip Code 60197-6416 | Purpose of Disbursement Mobile Phones | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Bankcard Merchant Fees | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015 |
| Mailing Address N1866 Greenwood Rd | | Amount of Each Disbursement this Period 3.70 Transaction ID : VNGX89TRXF0 |
| City Greenville | State WI | |
| Zip Code 54942-9093 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Bankcard Merchant Fees | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015 |
| Mailing Address N1866 Greenwood Rd | | Amount of Each Disbursement this Period 3.70 Transaction ID : VNGX89TW1Z9 |
| City Greenville | State WI | |
| Zip Code 54942-9093 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 49.94 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 OF 16 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Dancing Oak Publishing | | Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015 |
| Mailing Address 115 River Ave N | | Amount of Each Disbursement this Period 291.60 |
| City Prairie Farm | State WI | |
| Zip Code 54762-9782 | Purpose of Disbursement Subscriptions | Transaction ID : VNGX89TRXG8 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Google | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 75.00 |
| City Mountain View | State CA | |
| Zip Code 94043-1351 | Purpose of Disbursement On-Line Advertising | Transaction ID : VNGX89TRXJ4 |
| Candidate Name | Category/ Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Google | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 75.00 |
| City Mountain View | State CA | |
| Zip Code 94043-1351 | Purpose of Disbursement On-line Advertising | Transaction ID : VNGX89TW231 |
| Candidate Name | Category/ Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 441.60 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 16 |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Google | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 10.54 |
| City Mountain View | State CA | |
| Zip Code 94043-1351 | Purpose of Disbursement On-line Advertising | Transaction ID : VNGX89TW249 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Google | | Date of Disbursement MM / DD / YYYY 03 / 13 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 75.00 |
| City Mountain View | State CA | |
| Zip Code 94043-1351 | Purpose of Disbursement On-line Advertising | Transaction ID : VNGX89TW257 |
| Candidate Name | 004 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Intuit Quickbooks | | Date of Disbursement MM / DD / YYYY 01 / 13 / 2015 |
| Mailing Address 2632 Marine Way | | Amount of Each Disbursement this Period 31.96 |
| City Mountain View | State CA | |
| Zip Code 94043-1126 | Purpose of Disbursement Software | Transaction ID : VNGX89TRXK1 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 117.50 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 16 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Intuit Quickbooks | | Date of Disbursement MM / DD / YYYY 02 / 17 / 2015 |
| Mailing Address 2632 Marine Way | | Amount of Each Disbursement this Period 31.96 |
| City Mountain View | State CA | |
| Zip Code 94043-1126 | Purpose of Disbursement Software | Transaction ID : VNGX89TW280 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Intuit Quickbooks | | Date of Disbursement MM / DD / YYYY 03 / 13 / 2015 |
| Mailing Address 2632 Marine Way | | Amount of Each Disbursement this Period 31.96 |
| City Mountain View | State CA | |
| Zip Code 94043-1126 | Purpose of Disbursement Software | Transaction ID : VNGX89TW272 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Northwoods Community Credit Union | | Date of Disbursement MM / DD / YYYY 02 / 13 / 2015 |
| Mailing Address 1224 4th Ave S P.O. Box 369 | | Amount of Each Disbursement this Period 25.00 |
| City Park Falls | State WI | |
| Zip Code 54552-1923 | Purpose of Disbursement Bank Service Fee | Transaction ID : VNGX89TW2A6 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 88.92 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 16 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Northwoods Community Credit Union | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015 |
| Mailing Address 1224 4th Ave S P.O. Box 369 | | Amount of Each Disbursement this Period 25.00 |
| City Park Falls State WI Zip Code 54552-1923 | Purpose of Disbursement Bank Service Fee | |
| Candidate Name | Category/Type 001 | Transaction ID : VNGX89TW298 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015 |
| Mailing Address 501 Wampanoag Trl | | Amount of Each Disbursement this Period 99.00 |
| City Riverside State RI Zip Code 02915-1507 | Purpose of Disbursement Payroll Processing Fee | |
| Candidate Name | Category/Type 001 | Transaction ID : VNGX89TRXN7 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015 |
| Mailing Address 501 Wampanoag Trl | | Amount of Each Disbursement this Period 249.25 |
| City Riverside State RI Zip Code 02915-1507 | Purpose of Disbursement Payroll Processing Fee | |
| Candidate Name | Category/Type 001 | Transaction ID : VNGX89TW2B4 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 373.25 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 16 OF 16 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Kelly Westlund for Wisconsin

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2015 |
| Mailing Address 2465 Iron Point Rd | | Amount of Each Disbursement this Period 53.13 |
| City Folsom | State CA Zip Code 95630-8754 | |
| Purpose of Disbursement Mobile Phones | Category/Type 001 | Transaction ID : VNGX89TW2E6 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 53.13 |
| TOTAL This Period (last page this line number only)..... | 1755.54 |