

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 7 9 05 AM '96

USE FEC MARKING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <i>Republican Party of the Sixth Congressional District of Wisconsin</i>		2. FEC IDENTIFICATION NUMBER <i>CC0008755</i>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <i>Don GROTHE</i> <i>P.O. Box 646</i>		
CITY, STATE and ZIP CODE <i>Hancock, WI 54943</i>		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>7-1-95</i> through <i>12-31-95</i>		
6. (a) Cash on Hand January 1, 19 <i>95</i>		\$ <i>372.62</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>1608.87</i>	
(c) Total Receipts (From Line 19)	\$ <i>1507.00</i>	\$ <i>3458.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>3115.87</i>	\$ <i>4330.62</i>
7. Total Disbursements (from Line 30)	\$ <i>508.00</i>	\$ <i>1802.75</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>2607.87</i>	\$ <i>3527.87</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	

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
Don GROTHE

Signature of Treasurer
[Signature]

Date
1-31-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

9 5 0 3 0 2 9 1 0 7 1

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>Rep. Party of the 6th Cong. Dist. of Cal.</i>		REPORT COVERING PERIOD FROM <i>7-1-95</i> TO <i>12-31-95</i>	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >			11(b)
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>1507.00</i>	<i>3958.00</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		<i>1507.00</i>	<i>3958.00</i>
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >		<i>588.00</i>	<i>1802.75</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		<i>588.00</i>	<i>1802.75</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>588.00</i>	<i>1802.75</i>
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		<i>588.00</i>	<i>1802.75</i>
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		<i>588.00</i>	<i>1802.75</i>

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 216

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)

Republican Party of the Sixth Cong. District of Wis.

9503039104

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Gross N5173 Hwy 12016 Menasha, WI 53448	Exp. Comm Exp. State Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dist. operation	4-6-95	45 ⁰⁰
D. J. Zalkin 1504 Kipp Ave. Oshkosh, WI 54901	Secretary Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dist. operation	4-26-95	30 ⁰⁰
D. J. Zalkin 1504 Kipp Ave. Oshkosh, WI 54901	Secretary Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dist. operation	4-26-95	34 ⁰⁰
Pat Racine 21154 Hillman St Green Lake, WI 54941	Exp. Comm. Exp. State Meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dist. operation	10-24-95	42 ⁰⁰
Friends of Hillman for Assembly P.O. Box 1165 Kaukauna, WI 54130	Unincurred # 183 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-8-95	-100 ⁰⁰
Citizens for U.S. Rep. P.O. Box 6523 Keshonville, WI 53140	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-6-95	520 ⁰⁰
US Post Office Green Lake, WI 54941	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dist. operation	7-20-95	20 ⁴⁹
Farm Bank Oshkosh, WI 54902	New Check Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Dist. operation	10-2-95	15 ⁴⁸
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

588⁰⁰

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2/2/96
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
267	2/7/96
PREPARER	DATE PREPARED

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