

# 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

Leibham for Congress

ADDRESS (number and street)

3618 River Ridge Dr.

Check if different than previously reported. (ACC)

Sheboygan

WI

53083-2649

2. FEC IDENTIFICATION NUMBER ▼

C C00562496

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

WI

06

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  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Ken Leibham

Signature of Treasurer Ken Leibham

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Leibham for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	2200.00	458648.84
(b) Total Contribution Refunds (from Line 20(d)) .....	18180.00	17980.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-15980.00	440668.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	6480.34	446504.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6480.34	446504.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1061.09	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	6000.00	

**For further information contact:**

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Form/Schedule:  
Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Leibham for Congress

Report Covering the Period: From: 10 / 01 / 2014 To: 12 / 31 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
200.00	378997.80	0.00
(ii) Unitemized		
0.00	0.00	0.00
(iii) Total of contributions from individuals		
200.00	378997.80	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
2000.00	76499.00	2000.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 24

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	3152.04	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
2200.00	458648.84	2000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	10000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	10000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
2200.00	468648.84	2000.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Leibham for Congress

Report Covering the Period: From:  /  /  To:  /  /

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="6480.34"/>	<input type="text" value="446504.17"/>	<input type="text" value="903.58"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="4000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="4000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="18180.00"/>	<input type="text" value="17980.00"/>	<input type="text" value="200.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 24

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

18180.00	17980.00	200.00
----------	----------	--------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

28660.34	464484.17	5103.58
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

-15980.00	440668.84	1800.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

6480.34	446504.17	903.58
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27521.43
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	2200.00
25. SUBTOTAL (add Line 23 and Line 24).....	29721.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28660.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1061.09

**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 8 OF 24
	<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	

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NAME OF COMMITTEE (In Full)  
**Leibham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roger Kriete**

Mailing Address 4444 W. Bluemound Rd.

City Milwaukee State WI Zip Code 53208-3670

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

Name of Employer Kriete Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A394731002B894B9F9F6**

Amount of Each Receipt this Period  
100.00

See Refund on Schedule B, Line 20a

**B.** Full Name (Last, First, Middle Initial)  
**Roger Kriete**

Mailing Address 4444 W. Bluemound Rd.

City Milwaukee State WI Zip Code 53208-3670

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

Name of Employer Kriete Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : A5A37F13A67F0409FA76**

Amount of Each Receipt this Period  
100.00

See Refund on Schedule B, Line 20a

**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).....

200.00

200.00



**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 9 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Leibham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CITIZENS FOR TOM PETRI**

Mailing Address **PO BOX 270**

City **FOND DU LAC** State **WI** Zip Code **54936**

FEC ID number of contributing federal political committee. **C C00107003**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : AA575F73EA1CB4BD6804**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Designated for Primary Debt Retirement

**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).....

\_\_\_\_\_ 2000.00

\_\_\_\_\_ 2000.00

**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 24	
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Community Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 604 N Eight St. PO Box 1409		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : BCC79B02F42DB4EA8ABA</b>
City Sheboygan State WI Zip Code 53082-1409	Purpose of Disbursement Banking Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Schenck, SC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 712 Riverfront Dr #301		Amount of Each Disbursement this Period 63.00 <b>Transaction ID : B4EEB2F20E4AD4E05B37</b>
City Sheboygan State WI Zip Code 53081-4665	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Town of Sheboygan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1512 North 40th Street		Amount of Each Disbursement this Period 61.62 <b>Transaction ID : B4B3E9FEE7750415792B</b>
City Sheboygan State WI Zip Code 53081-1736	Purpose of Disbursement Utilities for Office Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	125.62
<b>TOTAL</b> 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 24			
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schenck, SC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>712 Riverfront Dr #301</b>		Amount of Each Disbursement this Period <b>116.75</b> Transaction ID : <b>B2831EDC2E06A4A05BAD</b>
City <b>Sheboygan</b> State <b>WI</b> Zip Code <b>53081-4665</b>	Purpose of Disbursement <b>Accounting Services</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>PO Box 2981</b>		Amount of Each Disbursement this Period <b>125.23</b> Transaction ID : <b>B6BE241FA02014A3E8C2</b>
City <b>Milwaukee</b> State <b>WI</b> Zip Code <b>53201-2981</b>	Purpose of Disbursement <b>Phone/Internet Service</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2014</b>
Mailing Address <b>PO Box 2981</b>		Amount of Each Disbursement this Period <b>125.23</b> Transaction ID : <b>BA78DA71905814B30AD1</b>
City <b>Milwaukee</b> State <b>WI</b> Zip Code <b>53201-2981</b>	Purpose of Disbursement <b>Phone/Internet Service</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>367.21</b>
<b>TOTAL</b> 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 24	
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. StreamSend Email Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1107 9th Street Suite 340		Amount of Each Disbursement this Period 99.90 <b>Transaction ID : B3D08AE3789A043D59D4</b>
City Sacramento State CA Zip Code 95814-3614	Purpose of Disbursement Email Fundraising Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : B7F945DDD28C2474B8F6</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Computer Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : B69A02FCBD7DB4C51822</b>
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Internet Mailing Service Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	824.90
<b>TOTAL</b> 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 24			
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 2981		Amount of Each Disbursement this Period 127.17 <b>Transaction ID : BE7C86B42518C47FB8B6</b>
City Milwaukee	State WI	
Zip Code 53201-2981	Purpose of Disbursement Phone/Internet Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Community Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 604 N Eight St. PO Box 1409		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : B41E004592CCF4382B94</b>
City Sheboygan	State WI	
Zip Code 53082-1409	Purpose of Disbursement Banking Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Andre Fire Equipment, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014
Mailing Address 2317 North Fifteenth St. PO Box 275		Amount of Each Disbursement this Period 37.28 <b>Transaction ID : B4D9E8ACE0BB24E23A01</b>
City Sheboygan	State WI	
Zip Code 53083-4652	Purpose of Disbursement Office Fire Extinguisher Maintenance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.45
<b>TOTAL</b> 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 14 OF 24	
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mail Chimp</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : B2E855AB254314C9795F</b>
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Internet Mailing Service Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Schenck, SC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 712 Riverfront Dr #301		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : B3F8E1292E89A4AA8B4C</b>
City Sheboygan State WI Zip Code 53081-4665	Purpose of Disbursement Accounting Services Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lucas Moench</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 20 N Blair St. Apt. 318		Amount of Each Disbursement this Period 165.00 <b>Transaction ID : BCD638FBC758F4077A8E</b>
City Madison State WI Zip Code 53703-2463	Purpose of Disbursement Mileage Reimbursement Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	740.00
<b>TOTAL</b> 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 15 OF 24			
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PO Box 2981		Amount of Each Disbursement this Period 946.08 <b>Transaction ID : B746DA5A93C684212A7E</b>
City Milwaukee State WI Zip Code 53201-2981	Purpose of Disbursement Phone/Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Community Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 604 N Eight St. PO Box 1409		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : B06D05831DD754287ABC</b>
City Sheboygan State WI Zip Code 53082-1409	Purpose of Disbursement Banking Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Larry's Market</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 8737 N. Deerwood Dr.		Amount of Each Disbursement this Period 819.78 <b>Transaction ID : BFEDB953176A44305996</b>
City Brown Deer State WI Zip Code 53209-1334	Purpose of Disbursement Debt Repayment: Fundraiser Food & Beverage Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	946.08
<b>TOTAL</b> 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 16 OF 24			
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wisconsin Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>PO Box 8902</b>		Amount of Each Disbursement this Period <b>1232.36</b>
City <b>Madison</b> State <b>WI</b> Zip Code <b>53708-8902</b>	Purpose of Disbursement Debt Repayment: State Unemployment Insurance Taxes	<b>Transaction ID : BCEB2BCD292864B00ADC</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wisconsin Department of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>PO Box 8902</b>		Amount of Each Disbursement this Period <b>240.36</b>
City <b>Madison</b> State <b>WI</b> Zip Code <b>53708-8902</b>	Purpose of Disbursement Debt Repayment: State Payroll Taxes	<b>Transaction ID : BAD73C726EF7F490CB8A</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>PO Box 173788</b>		Amount of Each Disbursement this Period <b>1634.03</b>
City <b>Denver</b> State <b>CO</b> Zip Code <b>80217-3788</b>	Purpose of Disbursement Debt Repayment: Payroll Taxes	<b>Transaction ID : B727CBFBAA32C4878B61</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3106.75</b>
<b>TOTAL</b> 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 17 OF 24		
	<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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>PO Box 173788</b>		Amount of Each Disbursement this Period <b>204.33</b>
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80217-3788</b>
Purpose of Disbursement <b>Debt Repayment: Payroll Taxes</b>		Category/ Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	
Transaction ID : <b>BEF96D9F9D1584EAD8A7</b>		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>204.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>6480.34</b>

**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 18 OF 24	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Joe Leibham</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 28 / 2014</b>
Mailing Address PO Box 941		Amount of Each Disbursement this Period <b>4000.00</b> Transaction ID : BE4EA96EA42E94CD5B7D
City Sheboygan State WI Zip Code 53082-0941	Purpose of Disbursement Loan Repayment: Personal Loan Repayment Category/Type <b>009</b>	
Candidate Name <b>Joe Leibham</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI District: 06		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4000.00</b>

**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 19 OF 24			
	<input type="checkbox"/> 17 <input checked="" 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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Herbert Kohler, Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>441 Green Tree Rd.</b>		Amount of Each Disbursement this Period <b>2600.00</b>
City <b>Kohler</b> State <b>WI</b> Zip Code <b>53044-1406</b>	Purpose of Disbursement Refund: 6/18/14 General Election Contribution	<b>010</b> Category/Type
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:		

Transaction ID : B5ECA2DEC131C45A69BA

Full Name (Last, First, Middle Initial) <b>B. Daniel Merkel</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>3712 Bismarck Circle</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Sheboygan</b> State <b>WI</b> Zip Code <b>53083-2653</b>	Purpose of Disbursement Refund: 5/15/14 General Election Contribution	<b>010</b> Category/Type
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:		

Transaction ID : B3EFEE3DD499A47E5B2D

Full Name (Last, First, Middle Initial) <b>c. Andrew Bagnall</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>497 Oriole Lane</b>		Amount of Each Disbursement this Period <b>430.00</b>
City <b>Sheboygan</b> State <b>WI</b> Zip Code <b>53083-1487</b>	Purpose of Disbursement Refund: 5/13/14 General Election Contribution	<b>010</b> Category/Type
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:		

Transaction ID : B0394AB31D0F54027B0B

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5030.00</b>
<b>TOTAL</b> 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 20 OF 24	
	<input type="checkbox"/> 17 <input checked="" 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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Topczewski</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address 706 Hialeah Drive		Amount of Each Disbursement this Period <b>50.00</b> Transaction ID : <b>BC52F8BB3672E4E3AAD6</b>
City Racine	State WI	
Zip Code 53402-2158	Purpose of Disbursement Refund: 5/9/14 General Election Contribution	Category/ Type <b>010</b>
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Gentine</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address N9524 Winnebago Park Rd.		Amount of Each Disbursement this Period <b>2500.00</b> Transaction ID : <b>B50604E435B7B40ED905</b>
City Fond Du Lac	State WI	
Zip Code 54937-9393	Purpose of Disbursement Refund: 5/5/14 General Election Contribution	Category/ Type <b>010</b>
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Ralph Stayer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address PO Box 906		Amount of Each Disbursement this Period <b>2600.00</b> Transaction ID : <b>B8DB113C7C65448A0840</b>
City Sheboygan Falls	State WI	
Zip Code 53085-0906	Purpose of Disbursement Refund: 6/30/14 General Election Contribution	Category/ Type <b>010</b>
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	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5150.00</b>
<b>TOTAL</b> 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 21 OF 24			
	<input type="checkbox"/> 17 <input checked="" 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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Rohde</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1435 Waveland Rd.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : B93DE3831B63A45FA88E</b>
City Sheboygan State WI Zip Code 53083-2230	Purpose of Disbursement Refund: 7/12/14 General Election Contribution Candidate Name Category/Type 010	
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>B. Terry Kohler</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : B8082A650BE664C0693C</b>
City Sheboygan State WI Zip Code 53082-0897	Purpose of Disbursement Refund: 5/5/14 General Election Contribution Candidate Name Category/Type 010	
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>c. Shelly Stayer</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 906		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : B66DB1A9AD1BE40908A3</b>
City Sheboygan Falls State WI Zip Code 53085-0906	Purpose of Disbursement Refund: 6/30/14 General Election Contribution Candidate Name Category/Type 010	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5300.00
<b>TOTAL</b> 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 22 OF 24			
	<input type="checkbox"/> 17 <input checked="" 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)  
**Leibham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Gentine</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2014</b>
Mailing Address <b>N9524 Winnebago Park Rd.</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : B56CFDD3D42EF4BAE820</b>
City <b>Fond Du Lac</b> State <b>WI</b> Zip Code <b>54937-9393</b>	Purpose of Disbursement <b>Refund: 5/5/14 General Election Contribution</b>	
Candidate Name	Category/Type <b>010</b>	
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>B. Roger Kriete</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 20 / 2014</b>
Mailing Address <b>4444 W. Bluemound Rd.</b>		Amount of Each Disbursement this Period <b>200.00</b> <b>Transaction ID : BD7D91C2FD15D424A974</b>
City <b>Milwaukee</b> State <b>WI</b> Zip Code <b>53208-3670</b>	Purpose of Disbursement <b>Refund: 10/23/14 and 10/27/14 General Election Contributions</b>	
Candidate Name	Category/Type <b>010</b>	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>18180.00</b>

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Leibham for Congress**

Transaction ID : **C57557715A3CC450EB74**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**Joe Leibham**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 941

City State ZIP Code  
Sheboygan WI 53082-0941

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
10000.00 4000.00 6000.00

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 06 / D 30 / Y 2014 M M / D D / Y None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional)..... ▶   
**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Leibham for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Wisconsin Department of Revenue</b>	Nature of Debt (Purpose): Estimated State Tax Liability
Mailing Address PO Box 8902	
City State Zip Code Madison WI 53708-8902	

Outstanding Balance Beginning This Period 1472.72	Transaction ID : D18A5F9BB57FE4CDC95E	
Amount Incurred This Period 0.00	Payment This Period 1472.72	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>	Nature of Debt (Purpose): Estimated Federal Tax Liability
Mailing Address PO Box 173788	
City State Zip Code Denver CO 80217-3788	

Outstanding Balance Beginning This Period 1838.36	Transaction ID : D0A85AED66E04467BACB	
Amount Incurred This Period 0.00	Payment This Period 1838.36	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Larry's Market</b>	Nature of Debt (Purpose): Fundraiser Food & Beverage
Mailing Address 8737 N. Deerwood Dr.	
City State Zip Code Brown Deer WI 53209-1334	

Outstanding Balance Beginning This Period 819.78	Transaction ID : D29635F91EFB74472BDA	
Amount Incurred This Period 0.00	Payment This Period 819.78	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	