

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. TOFT FOR CONGRESS

ADDRESS (number and street) PO BOX 68 OSSEO WI 53758 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00658807 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT WI 03

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 10 / 01 / 2017 through 12 / 31 / 2017

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 LIND, KATE, , , Signature of Treasurer LIND, KATE, , , [Electronically Filed] Date 01 / 31 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
TOFT 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))....	51015.35	51015.35
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	51015.35	51015.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12907.69	12907.69
(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)).....	12907.69	12907.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	53107.66	
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).....	15000.00	

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 05/2016)

Write or Type Committee Name

TOFT FOR CONGRESS

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

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).....	47136.35	47136.35
(ii) Unitemized.....	3879.00	3879.00
(iii) TOTAL of contributions from individuals ▶	51015.35	51015.35
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	51015.35	51015.35
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	15000.00	15000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	15000.00	15000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	66015.35	66015.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12907.69	12907.69
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12907.69	12907.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	66015.35
25. SUBTOTAL (add Line 23 and Line 24).....	66015.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12907.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	53107.66

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

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

FOR LINE NUMBER: PAGE 5 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ASCHER, GARY, , ,

Mailing Address 440 DEWITT STREET

City SPARTA State WI Zip Code 54656

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

Name of Employer CHAIRMAN Occupation SPARTA POLICE COMMISSION

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
2700.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARR, DANIEL, R., ,

Mailing Address S3576 SUGAR MAPLE LANE

City FOUNTAIN CITY State WI Zip Code 54629

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
294.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period
294.00

Memo Item CONTRIBUTION

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

Mailing Address 151 FAIRWAY COURT

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2017

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3094.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 30
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BERG, LAURENCE, , ,

Mailing Address 151 FAIRWAY COURT

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 151 FAIRWAY COURT

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2017

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 600 S 28TH STREET

City LA CROSSE State WI Zip Code 54601

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

Name of Employer LA CROSSE AREA SPORTS COMMISSION Occupation BOARD MEMBER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRUSH, CINDY, L, ,

Mailing Address **W22660 SOBYE LANE**

City **GALESVILLE** State **WI** Zip Code **54630**

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

Name of Employer **BRUSH PROPERTIES, LLC** Occupation **PRINCIPAL**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address **7710 N MERRIE LANE**

City **MILWAUKEE** State **WI** Zip Code **53217**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

Mailing Address **7710 N MERRIE LANE**

City **MILWAUKEE** State **WI** Zip Code **53217**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

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

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

7900.00

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

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

FOR LINE NUMBER: PAGE 8 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAMPBELL, ROBERT, ROY, ,

Mailing Address 1934 NAKOMIS AVENUE

City LA CROSSE State WI Zip Code 54603

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

Name of Employer HAB, INC Occupation VP OF FINANCE

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRISTENSON, LELAND, G, , II

Mailing Address S15535 COUNTY ROAD I

City ELEVA State WI Zip Code 54738

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

Name of Employer NORTH AMERICAN TRADING Occupation BUSINESS OWNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONNELLY, MARK, V., , M.D.

Mailing Address W5419 PINE BLUFF ROAD

City LACROSSE State WI Zip Code 54601

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

Name of Employer GUNDERSEN LUTHERAN Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1800.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEROSA, MICHAEL, , ,

Mailing Address 1629 WARDEN STREET

City EAU CLAIRE State WI Zip Code 54703

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

Name of Employer WYCLIFFE BIBLE TRANSLATORS Occupation BUSINESS MANAGER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2017

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONNELLAN, NED, S, ,

Mailing Address 1717 DRUMMOND STREET

City EAU CLAIRE State WI Zip Code 54701

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

Name of Employer DONNELLAN REAL ESTATE Occupation REALTOR

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2017

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
 _____ 1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GELATT, CHARLES, D., ,

Mailing Address 3159 EDGEWATER DRIVE

City LACROSSE State WI Zip Code 54603

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

Name of Employer N.M.T. CORPORATION Occupation EXECUTIVE

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2017

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 3750.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENDRICKSON, SCOTT, D, ,
Mailing Address 4505 MEADOWLARK COURT

City LACROSSE	State WI	Zip Code 54601
------------------	-------------	-------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2017

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HEYDE, DENNIS, L, ,
Mailing Address 408 E RIVERVIEW DRIVE

City EAU CLAIRE	State WI	Zip Code 54703
--------------------	-------------	-------------------

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

Name of Employer HEYDE HEALTH CARE SYSTEMS	Occupation PRESIDENT
---	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HUBBARD, STANLEY, S, ,
Mailing Address 3415 UNIVERSITY AVENUE

City SAINT PAUL	State MN	Zip Code 55114
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FEC ID number of contributing federal political committee. **C**

Name of Employer HUBBARD BROADCAST	Occupation BROADCAST
---------------------------------------	-------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	3200.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUBBARD, STANLEY, S, ,

Mailing Address 3415 UNIVERSITY AVENUE

City SAINT PAUL State MN Zip Code 55114

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

Name of Employer HUBBARD BROADCAST Occupation BROADCAST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IHLE, DAVID, P, ,

Mailing Address 1171 NORTHLAND DRIVE

City MENDOTA HEIGHTS State MN Zip Code 55120

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

Name of Employer NATIONAL BUSINESS SYSTEMS Occupation PRESIDENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JONES, JEFFREY, R., ,

Mailing Address 5985 N SHORE DRIVE

City EAU CLAIRE State WI Zip Code 54703

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

Name of Employer ORAL SURGERY ASSOCIATES Occupation DENTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2017

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 30
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JONES, JEFFREY, R., ,
Mailing Address 5985 N SHORE DRIVE

City EAU CLAIRE State WI Zip Code 54703

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

Name of Employer ORAL SURGERY ASSOCIATES Occupation DENTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 842.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2017

Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
 _____ 342.35

Memo Item
 In-kind - EVENT CATERING

B. Full Name (Last, First, Middle Initial)
JONES, JEFFREY, R., ,
Mailing Address 5985 N SHORE DRIVE

City EAU CLAIRE State WI Zip Code 54703

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

Name of Employer ORAL SURGERY ASSOCIATES Occupation DENTIST

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1342.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2017

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
 _____ 500.00

Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NELSON, CAROL, J, ,
Mailing Address PO BOX 365

City PRESCOTT State WI Zip Code 54021

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 3542.35

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

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

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

FOR LINE NUMBER: PAGE 13 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NELSON, CAROL, J, ,
 Mailing Address PO BOX 365
 City PRESCOTT State WI Zip Code 54021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.4256
 Amount of Each Receipt this Period
 2700.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NELSON, GRANT, E, ,
 Mailing Address PO BOX 365
 City PRESCOTT State WI Zip Code 54021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.4258
 Amount of Each Receipt this Period
 2700.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NELSON, GRANT, E, ,
 Mailing Address PO BOX 365
 City PRESCOTT State WI Zip Code 54021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.4259
 Amount of Each Receipt this Period
 2700.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 8100.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 30
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAUCKMAN, WILLIAM, , ,

Mailing Address 3410 MALL DRIVE

City EAU CLAIRE State WI Zip Code 54701

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

Name of Employer **GWB ENTERPRISES INC** Occupation **CEO**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RIDENOUR, ROBERT, V, , JR

Mailing Address 4312 WOODRIDGE DRIVE

City EAU CLAIRE State WI Zip Code 54701

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

Name of Employer **PSC** Occupation **MD**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SANDERS, DAVID, K, ,

Mailing Address 8806 26TH AVENUE

City EAU CLAIRE State WI Zip Code 54703

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

Name of Employer **MIDSTATES DEVELOPMENT INC** Occupation **REAL ESTATE**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCHALLER, JOHN, , ,
 Mailing Address N5931 CTH ZZ
 City ONALASKA State WI Zip Code 54650
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF Occupation FARMER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : SA11AI.4273
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMPSON, THOMAS, N, ,
 Mailing Address W7802 COUNTY ROAD Z, PO BOX 243
 City ONALASKA State WI Zip Code 54650
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF Occupation CONTRACTOR
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2017
Transaction ID : SA11AI.4287
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TOFT, ALVIN, R., ,
 Mailing Address 13212 W 9TH STREET
 City OSSEO State WI Zip Code 54758
 FEC ID number of contributing federal political committee. C
 Name of Employer COVERRA INSURANCE SERVICES, INC Occupation RETIRED
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2017
Transaction ID : SA11AI.4289
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

3250.00

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

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

FOR LINE NUMBER: PAGE 16 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TYLER, S MARK, , ,
 Mailing Address 2466 COUNTY ROAD DD
 City WOODVILLE State WI Zip Code 54028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OEM FABRICATORS Occupation BUSINESS OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : SA11AI.4294
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UIHLEIN, RICHARD, , ,
 Mailing Address 1396 N WAUKEGAN RD
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ULINE Occupation CEO/OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2017
Transaction ID : SA11AI.4296
 Amount of Each Receipt this Period
 2600.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WARREN, HARRY, , ,
 Mailing Address 432 OLD FARM RD
 City FAYETTEVILLE State NC Zip Code 27906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARRY WARREN JR MD Occupation CIVILIAN ORTHOPEDIC SURGEON
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2017
Transaction ID : SA11AI.4301
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3850.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 30
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIESER, JOSEPH, H., ,

Mailing Address **W3659 390TH AVENUE**

City **MAIDEN ROCK** State **WI** Zip Code **54750**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2017

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WIESER, LEILA, S., ,

Mailing Address **W3597 390TH AVENUE**

City **MAIDEN ROCK** State **WI** Zip Code **54750**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : SA11AI.4309

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 1625**

City **LA CROSSE** State **WI** Zip Code **54602**

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

Name of Employer **KWIK TRIP INC** Occupation **COB**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	47136.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TOFT, STEVE, , ,

Mailing Address 13213 THOMAS STREET

City OSSEO State WI Zip Code 54758

FEC ID number of contributing federal political committee. **C** H8WI03103

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2017

Transaction ID : SA13A.4318

Amount of Each Receipt this Period
10000.00

Memo Item
CANDIDATE LOAN

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

Mailing Address 13213 THOMAS STREET

City OSSEO State WI Zip Code 54758

FEC ID number of contributing federal political committee. **C** H8WI03103

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : SA13A.4319

Amount of Each Receipt this Period
5000.00

Memo Item
CANDIDATE LOAN

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

**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 19 OF 30			
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2017		
Mailing Address 8401 EXCELSIOR DR			FEC Identification Number C		
City MADISON	State WI	Zip Code 53717	Amount of Each Disbursement this Period 1832.29		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/Type	Transaction ID : SB17.4105		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BINVERSIE, KEVIN, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017		
Mailing Address 523 PINE STREET			FEC Identification Number C		
City SHEBOYGAN FALLS	State WI	Zip Code 53085	Amount of Each Disbursement this Period 625.00		
Purpose of Disbursement ONLINE MEDIA		Category/Type	Transaction ID : SB17.4110		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DAN MORSE CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2017		
Mailing Address 5205 BARTON ROAD			FEC Identification Number C		
City MADISON	State WI	Zip Code 53711	Amount of Each Disbursement this Period 1402.10		
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/Type	Transaction ID : SB17.4107		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3859.39
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 20 OF 30		
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAN MORSE CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2017		
Mailing Address 5205 BARTON ROAD			FEC Identification Number C		
City MADISON	State WI	Zip Code 53711			
Purpose of Disbursement EXPENSE REIMBURSEMENT			Transaction ID : SB17.4116		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DAN MORSE CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2017		
Mailing Address 5205 BARTON ROAD			FEC Identification Number C		
City MADISON	State WI	Zip Code 53711			
Purpose of Disbursement EXPENSE REIMBURSEMENT			Transaction ID : SB17.4112		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DAN MORSE CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2017		
Mailing Address 5205 BARTON ROAD			FEC Identification Number C		
City MADISON	State WI	Zip Code 53711			
Purpose of Disbursement FUNDRAISING CONSULTING			Transaction ID : SB17.4103		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3757.66
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 21 OF 30			
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX OFFICE			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2017		
Mailing Address 13155 NOEL DR			FEC Identification Number C		
City DALLAS	State TX	Zip Code 75240	Amount of Each Disbursement this Period 43.20		
Purpose of Disbursement 12/22 FLADEBOE REIMB:COPIES		Category/ Type	Transaction ID : SB17.4143		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. FLADEBOE, DAVID, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2017		
Mailing Address 10 N LIVINGSTON ST			FEC Identification Number C		
City MADISON	State WI	Zip Code 53705	Amount of Each Disbursement this Period 788.63		
Purpose of Disbursement EXPENSE REIMBURSEMENT		Category/ Type	Transaction ID : SB17.4108		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HARDWARE HANK			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2017		
Mailing Address 379 S DETLOFF DR			FEC Identification Number C		
City ARCADIA	State WI	Zip Code 54612	Amount of Each Disbursement this Period 9.46		
Purpose of Disbursement 12/22 FLADEBOE REIMB:EVENT SUPPLIES		Category/ Type	Transaction ID : SB17.4141		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	788.63
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 22 OF 30			
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JONES, JEFFREY, R., ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017		
Mailing Address 5985 N SHORE DRIVE			FEC Identification Number C		
City EAU CLAIRE	State WI	Zip Code 54703	Amount of Each Disbursement this Period 342.35		
Purpose of Disbursement In-kind - EVENT CATERING		Category/ Type	Transaction ID : SB17.4323		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LA CROSSE MAIL & PRINT			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2017		
Mailing Address 1501 ST ANDREWS ST			FEC Identification Number C		
City LA CROSSE	State WI	Zip Code 54603	Amount of Each Disbursement this Period 1402.10		
Purpose of Disbursement 10/26 MORSE REIMB: PRINTING		Category/ Type	Transaction ID : SB17.4133		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LA CROSSE MAIL & PRINT			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2017		
Mailing Address 1501 ST ANDREWS ST			FEC Identification Number C		
City LA CROSSE	State WI	Zip Code 54603	Amount of Each Disbursement this Period 144.77		
Purpose of Disbursement 11/2 MORSE REIMB:PRINTING		Category/ Type	Transaction ID : SB17.4138		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	342.35
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 23 OF 30	
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LA CROSSE MAIL & PRINT			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2017	
Mailing Address 1501 ST ANDREWS ST			FEC Identification Number C	
City LA CROSSE	State WI	Zip Code 54603	Amount of Each Disbursement this Period 328.79	
Purpose of Disbursement 11/22 MORSE REIMB:PRINTING		Category/ Type	Transaction ID : SB17.4136	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MILEAGE			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2017	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 682.64	
Purpose of Disbursement 12/22 FLADEBOE REIMB:MILEAGE		Category/ Type	Transaction ID : SB17.4149	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. PERSUASION PARTNERS INC.			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2017	
Mailing Address 106 E DOTY STREET			FEC Identification Number C	
City MADISON	State WI	Zip Code 53703	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement ONLINE MEDIA		Category/ Type	Transaction ID : SB17.4101	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
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 24 OF 30	
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY		Date of Disbursement
Mailing Address PO BOX 26466		M M / D D / Y Y Y Y 11 / 14 / 2017
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CREDIT CARD PROCESSING FEE		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 11.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4121 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY		Date of Disbursement
Mailing Address PO BOX 26466		M M / D D / Y Y Y Y 11 / 22 / 2017
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CREDIT CARD PROCESSING FEE		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 5.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4124 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY		Date of Disbursement
Mailing Address PO BOX 26466		M M / D D / Y Y Y Y 11 / 24 / 2017
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CREDIT CARD PROCESSING FEE		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 12.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4120 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	29.13
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 25 OF 30			
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 264.85		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.4113		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2017		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 5.15		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.4125		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2017		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 5.15		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type	Transaction ID : SB17.4126		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	275.15
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 26 OF 30	
	<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)
TOFT FOR CONGRESS

A. RAISE THE MONEY

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26466

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 5.15

Transaction ID : SB17.4127

Memo Item

B. RAISE THE MONEY

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26466

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.70

Transaction ID : SB17.4129

Memo Item

C. RAISE THE MONEY

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26466

City LITTLE ROCK State AR Zip Code 72221

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 5.40

Transaction ID : SB17.4122

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 13.25

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 27 OF 30			
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2017		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 1.48		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.4130		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2017		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 5.15		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.4128		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2017		
Mailing Address PO BOX 26466			FEC Identification Number C		
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 13.00		
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.4119		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	19.63
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 28 OF 30	
	<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)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAISE THE MONEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2017	
Mailing Address PO BOX 26466			FEC Identification Number C	
City LITTLE ROCK	State AR	Zip Code 72221	Amount of Each Disbursement this Period 0.50	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/Type	Transaction ID : SB17.4131	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VISTA PRINT			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2017	
Mailing Address 275 WYMAN ST			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 53.33	
Purpose of Disbursement 12/22 FLADEBOE REIMB:PRINTING		Category/Type	Transaction ID : SB17.4145	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WESTGATE SPORTSMAN'S CLUB			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017	
Mailing Address 4909 SPORTSMAN DRIVE			FEC Identification Number C	
City EAU CLAIRE	State WI	Zip Code 54703	Amount of Each Disbursement this Period 342.35	
Purpose of Disbursement JONES IN-KIND		Category/Type	Transaction ID : SB17.4324	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.50
TOTAL This Period (last page this line number only).....▶	12585.69

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **TOFT FOR CONGRESS** Transaction ID : **SC/10.4318**

LOAN SOURCE Full Name (Last, First, Middle Initial) TOFT, STEVE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13213 THOMAS STREET			
City OSSEO	State WI	ZIP Code 54758	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred M 10 / D 16 / Y 2017	Date Due M / D / Y 12/31/2028	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
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 C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TOFT FOR CONGRESS** Transaction ID : **SC/10.4319**

LOAN SOURCE Full Name (Last, First, Middle Initial) TOFT, STEVE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13213 THOMAS STREET			
City OSSEO	State WI	ZIP Code 54758	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred M 12 / D 28 / Y 2017	Date Due M / D / Y 12/31/2028	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	15000.00

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